SECTION: HEALTH RECORDS AND REQUIREMENTS FOR STAFF

CHILD CARE PROVIDER’S HEALTH - STAFF, VOLUNTEERS AND EARLY CHILDHOOD EDUCATION (ECE) STUDENTS

Regulating and monitoring your staff, volunteers and ECE students’ health is essential for the safety and well-being of all persons attending, or visiting your facility.

LEGISLATION

*Day Nurseries Act*
REGULATIONS GOVERNING CHILD CARE PROVIDERS’ HEALTH

The health of each child care provider is essential to the health of the children under their care. According to the Day Nurseries Act (1990), Regulation 262, section 62, each child care provider must follow the recommendations of the local Medical Officer of Health prior to starting work in a child care centre. This requirement does not apply when the person objects in writing to the immunization on the grounds that the immunization conflicts with the sincerely held convictions of a person based on religion or conscience, or a legally qualified medical practitioner gives medical reasons in writing to the operator as to why the person should not be immunized.

In 1996, Peel Health updated its recommendations and policies with respect to communicable diseases in response to the Third Party Billing Regulation from the Ministry of Health, which came into effect April 15, 1994. Third parties (a person or organization that requires someone to obtain a health service from a physician or other health care provider) are now liable for the cost of any health services they request or require.

Peel Health has recommendations for employees, volunteers and ECE students since all of them interact closely with children. Before starting work, employees must complete the required documentation. If it is necessary for the employee to start before completing these requirements, employment is conditional that these requirements are met as soon as possible.

STAFF, VOLUNTEERS, ECE STUDENTS

1. PHYSICAL EXAMINATION

Employees are not required to have a general medical examination either on beginning employment or at any later date. Some child care centres may choose to continue to require medical examinations before employment, enrolment or admission. In this case, the physician may bill for this examination.

2. IMMUNIZATION

Immunization requirements are as follows:

(1) Up-to-date immunization against diphtheria, tetanus and polio is required.
   • Only proof of a primary series of polio immunization is necessary
   • Tetanus diphtheria (Td) must have been received within the last 10 years

(2) Documentation of immunization against measles, mumps and rubella (MMR) is required. One documented dose of MMR provides sufficient protection. Proof of immunity to MMR is also acceptable.
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(3) A staff member may request an exemption to this vaccination requirement for religious, philosophical or medical reasons. Should the employee wish to exercise this option, for either religious or philosophical reasons, the request must be put in writing and kept in the employee’s file. For medical exemptions, the employee's physician must provide a note as to why they should not be immunized. This note should also be kept in the employee’s file.

Note: In case of an outbreak at the child care centre, the unimmunized employee is considered to be at risk for infection (to both themselves and the children) and therefore cannot work at the child care centre until the outbreak is over.

Peel Health is available to assist child care centres in the interpretation of immunization records. Call Health Line Peel at 905-799-7700.

3. TUBERCULOSIS (TB) TESTING

Documentation is required to show that the employee does not have active (infectious) tuberculosis. This can be demonstrated in one of the following ways:

(1) A documented negative TB skin test in the last six months. If the employee has no previous documented TB skin test, or if previous skin tests were negative, a single TB skin test should be done.

(2) Documented by a physician that the individual with a past positive TB skin test is free of active infectious TB. Employees known to test positive for TB should be further assessed by a doctor to rule out active disease and to assess the need for chemoprophylaxis (medication). These people should be instructed to report any symptoms suggesting tuberculosis (e.g. cough, fever, nights sweats, weight loss) to their physician.

Note: Employees are not required to have annual or periodic skin tests or chest X-rays for TB. These will only be required in the event of a case of TB, at which time follow-up will be done if employees are determined to be at risk by the health department.

Those who have a positive result on their screening test must provide documentation from their physician that they are non-infectious before beginning work at the child care centre.

4. OTHER VACCINATIONS

Employees should be encouraged to speak with their doctor or call Peel Public Health about their need for other immunizations. There may be a cost for some vaccines.
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REFERENCES


RESOURCES

1. Sample Letter to Physician for Staff/Volunteer/ECE Students at Child Care Facilities (Appendix #1).

2. For staff who are exposed to/or are diagnosed with infectious diseases, refer to "Information About Common Diseases in Childhood" charts in Section 2: Reporting and Management of Communicable Diseases (Appendix #1).
   For those staff who are pregnant, or are planning to become pregnant, refer to chart “Infections of Special Concern to Child Care Providers Who are Pregnant or Who are Planning Pregnancy” (Appendix #2) in this section.


4. Agency policies as determined by individual child care centres.
SAMPLE LETTER TO PHYSICIAN FOR STAFF/VOLUNTEER OR ECE STUDENT AT CHILD CARE FACILITIES

Dear Physician:

________________________________________ is employed as a childcare worker/volunteer/ECE student at:

name of staff

name of child care facility

The Medical Officer of Health in Peel has indicated that the health requirements for child care staff in the Region of Peel are as follows:

a) Physical Examination:

Employees are not required to have a general medical examination either at the beginning of employment or at any later date. Some day care facilities may choose to continue to require medical examinations before employment, enrolment or admission. In this case, the physician may bill for this examination.

b) Immunization Requirements:

Immunization requirements are as follows:

i. Up-to-date immunization against diphtheria, tetanus and polio is required.
   • Only proof of a primary series of polio is necessary
   • Td must have been received within the last 10 years

ii. Documentation of immunization against measles, mumps and rubella. One documented dose of MMR provides sufficient protection. Documented proof of immunity (serology) against measles, mumps, and rubella is also acceptable.

iii. Proof of MMR is required even if the individual is born before 1970 in order to ensure protection against rubella.

c) TB Requirements:

Documentation is required to show that the employee does not have active (infectious) tuberculosis. This can be demonstrated in one of the following ways:

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d) Varicella History

It is recommended that employees have documentation regarding immunity or susceptibility to varicella. This will assist in reducing the risk of transmission within the child care facility.

NOTE:

1. Employees are not required to have annual or periodic skin tests (or chest x-rays) for TB. These will only be required in the event of a case of TB, at which time contact follow-up will be done.

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**SAMPLE MEDICAL/IMMUNIZATION FORM FOR STAFF/VOLUNTEER OR ECE STUDENT AT CHILD CARE FACILITIES**

Name of Patient: __________________________
Date: _____________________________________

### a) Dates of immunization given:

<table>
<thead>
<tr>
<th>Type</th>
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*(Primary Series)*

* Tetanus and diphtheria must have been received within the last 10 years

### b) TB Status

i. A chest x-ray or skin test that indicates that the patient does not have active tuberculosis:

Date of TB Skin test: ________________________ size: __________ (in millimeters)

Signature of Doctor: ________________________ Name: ________________________ *(please print)*

Address: ________________________ Telephone: ________________________

*(or office stamp)*

Adapted with permission from the Peel Lunch and After School Program staff/volunteer health record.
SAMPLE LETTER TO PHYSICIAN FOR STAFF/VOLUNTEER OR ECE STUDENT AT CHILD CARE FACILITIES

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Address: __________________________ Telephone: __________________________

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* Tetanus and diphtheria must have been received within the last 10 years

#### b) TB Status

i. A chest x-ray or skin test that indicates that the patient does not have active tuberculosis:

- Date of TB Skin test: ____________________________
- Size: ____________________________ (in millimeters)

Signature of Doctor: ____________________________

Name: ____________________________ (please print)

Address: ____________________________

Telephone: ____________________________

(or office stamp)

Adapted with permission from the Peel Lunch and After School Program staff/volunteer health record.
### INFECTIONS OF SPECIAL CONCERN TO CHILD CARE PROVIDERS WHO ARE PREGNANT OR WHO ARE PLANNING PREGNANCY

<table>
<thead>
<tr>
<th>INFECTION:</th>
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<tbody>
<tr>
<td>Varicella Zoster (chickenpox)</td>
<td>• Chickenpox is caused by the Varicella virus and occurs mainly in children&lt;br&gt;• 80 per cent of adults have had the disease and are immune to it&lt;br&gt;• Chickenpox is spread by person-to-person contact via nasal, mouth or vesicle (sores) secretions&lt;br&gt;• The timing of the disease during pregnancy determines the effect it will have on the fetus&lt;br&gt;• Infection during the first 20 weeks of gestation can result in birth defects, but these are rare&lt;br&gt;• Maternal infection that occurs from five days prior to delivery to two days after delivery can cause the newborn to develop severe, sometimes fatal, generalized chickenpox infection&lt;br&gt;• Intrauterine infection or chickenpox before two years of age is associated with developing shingles (caused by the Zoster virus) at an early age&lt;br&gt;• Prevention includes knowing whether you have had chickenpox (a blood test can be done to determine immunity) and avoiding the disease if at all possible during pregnancy&lt;br&gt;• Varicella vaccine is available for susceptible providers planning to become pregnant&lt;br&gt;• Immunization during pregnancy is not recommended&lt;br&gt;• Contact your doctor immediately if you have been exposed during pregnancy. Your doctor will determine if treatment is appropriate (Note: Varicella Zoster Immune Globulin (VZIG) is available to prevent or reduce the severity of the infection)&lt;br&gt;• Newborns exposed to chickenpox can be treated with VZIG</td>
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<td>INFECTION:</td>
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<tr>
<td>Cytomegalovirus (CMV)</td>
<td>• A virus that is transmitted in semen, saliva, urine and blood</td>
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<td>• Infection in adults and children usually has no symptoms (asymptomatic)</td>
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<td></td>
<td>but can cause damage if transferred to a fetus during pregnancy</td>
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<td>• Infected infants who are asymptomatic at birth may develop deafness or</td>
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<td></td>
<td>learning disabilities later in life</td>
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<td>• Infants who show symptoms at birth may be small for age or premature and</td>
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<td></td>
<td>can have mental retardation, liver disease, motor disabilities or hearing</td>
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<td></td>
<td>loss</td>
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<td></td>
<td>• Women who lack immunity and work with young children (e.g. child care</td>
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<td>workers, teachers, health care workers, mothers with young children) are</td>
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<td>at increased risk</td>
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<td></td>
<td>• Prevention involves good handwashing after each contact with body</td>
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<td>secretions and careful handling and disposal of urine-soaked diapers</td>
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<td>Fifth Disease</td>
<td>• A mild viral disease, often without fever, with a characteristic rash</td>
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<td>&quot;Slapped Cheek Syndrome&quot;</td>
<td>often described as &quot;lace-like&quot; that occurs especially in children, but</td>
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<td>can also occur in adults</td>
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<td>• Intrauterine infection does not cause congenital deformities but may</td>
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<td>cause a hemolytic (blood) condition characterized by anemia, jaundice,</td>
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<td></td>
<td>enlargement of the liver and spleen, and generalized edema; one study</td>
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<td></td>
<td>showed a five per cent fetal loss following infection</td>
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<td></td>
<td>• Antibody testing can be done to determine susceptibility</td>
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<td>• No immunization or treatment is available</td>
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<td></td>
<td>• Prevention includes good handwashing, not sharing eating utensils and</td>
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<td>practicing Routine Practices</td>
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| **Hepatitis B (HBV)** | - Caused by a virus found in blood and body fluids, it is mainly transmitted sexually and/or through contact with blood  
- It can also be transmitted from mother to unborn baby, whether the mother has the active disease or is a chronic carrier  
- 90 per cent of chronic carriers are asymptomatic  
- **Prevention:**  
  - Practice Routine Practices  
  - Don’t share needles, razors or toothbrushes  
  - Test for Hepatitis B during the preconception period  
  - Free immunization is provided to newborns of women with Hepatitis B, to sexual partners and household contact of carriers  
  - Free immunization is available to all Grade 7 students in Ontario (three injections over a six-month period)  
  - Immunization is recommended for those who are at high risk due to lifestyle or occupation |
| **Hepatitis C (HCV)** | - Spread through blood-to-blood contact with an infected person; at this time it is believed that transmission via sexual intercourse is low (less than five per cent). The risk may increase when there are open genital sores or during menstruation  
- Results in long-term liver damage  
- Risks are greater for intravenous drug users  
- Prior to screening blood for Hepatitis C (1992) transfusion recipients and dialysis patients were at high risk  
- Health care and emergency workers have a potential risk for exposure. Routine Practices should be utilized at all times  
- Other risky activities include tattooing, body piercing, or the sharing of toothbrushes or razors with an infected person  
- Studies show that between five per cent - 10 per cent of women who have Hepatitis C Virus (HCV) could pass it on to their babies, before or at the time of birth  
- Studies also show that breastfeeding does not pass HCV from mother to baby. If the nipples are cracked or bleeding it is recommended that breastfeeding be stopped until healed  
- Prevention includes no sharing of needles, razors or toothbrushes; exercising caution in getting tattoos or body piercing done (only using sterile needles and equipment); using Routine Practices in health care and emergency situations; and using safe sexual practices |
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| HIV/AIDS     | • Transmitted sexually through blood-to-blood contact, or from mother to baby during birth or breastfeeding  
               • Without treatment during pregnancy about 25 per cent of babies born to HIV-positive mothers are infected with HIV and usually have a quick progression of the disease  
               • Current studies show the rate of transmission to the baby can be significantly reduced when antiretroviral drug treatment is taken by the mother throughout her pregnancy and labour, and given to the baby after birth  
               • An HIV-positive mother should avoid breastfeeding because of the risk of transmission to the baby  
               • Testing for HIV is very important—any woman is at risk if she has had unprotected sex even once with someone who could be infected, or has shared needles or syringes. Those at risk for HIV should delay pregnancy until serologic testing has been negative at least three to six months after possible exposure |
| Mumps        | • Most people are immune, either from having had the illness or from receiving the vaccine  
               • A rare side effect of acquiring mumps infection after puberty is sterility. Approximately five per cent of females past puberty experience inflammation of the ovaries  
               • Approximately 20 per cent to 30 per cent of males past puberty experience inflammation of the testes  
               • Mumps infection may increase the risk of spontaneous abortion in the first three months of pregnancy  
               • Immunization is available as part of the Measles, Mumps, Rubella (MMR) vaccine. If necessary, the vaccine should be given to a woman at least three months before conception. Her partner, and any other member of the household, should also receive immunization if not immune |
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| Rubella (German Measles)| - Rubella infection in the mother can pose a serious health risk for the fetus. Exposure during the first trimester may cause abortion, stillbirth, growth retardation, deafness, blindness, mental retardation, problems with heart, liver and spleen  
- A blood test should be done prior to pregnancy to determine immunity  
- All women of childbearing age who lack immunity to the rubella virus should be immunized  
- Pregnant women with no immunity should receive the vaccine postpartum  
- Because the Rubella vaccine contains a live attenuated (weakened) virus, the vaccination should be given at least three months before conception |

If you are pregnant and are worried about a disease that is not listed here, there is an excellent counselling service available at the Hospital for Sick Children:

**Motherisk:** (416) 813-6780

It will:
- Help you assess your risk
- Provide information