KEEP ON TRACK

A HEALTH AND RESOURCE GUIDE FOR
CHILD CARE PROVIDERS IN PEEL

Revised and Reprinted by
Peel Public Health
2004

* This health and resource guide is based on a prototype of Safe Healthy Children: A Health & Safety Manual for Child Care Providers (Middlesex-London Health Unit manual) and Kids Health Manual: A Health & Safety Manual for Child Care Providers (Scarborough Health Department Manual). Keep On Track has been adapted with their permission.

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Contributions and Acknowledgements

A community development approach and numerous community partnerships have lead to the development of this resource guide. It is also the result of mutual efforts between Peel Public Health and Children's Services of the Region of Peel to produce a practical and useable resource for all child care providers in Peel. A multidisciplinary team of Peel Public Health staff participated in producing this manual.

We would like to recognize the following agencies and community partners for their assistance in providing significant content and support for the Keep on Track 2004 revision: Canadian Paediatric Society, Canadian Standards Association, Fairmont House Design, Frontrunner Publishing Solutions, Halton-Peel Preschool Speech and Language Program, Keep on Track Steering Committee, Peel Children's Aid Society and Windsor-Essex County Health Unit.

The development of Keep on Track also required expertise from various members of the Peel community. Child care providers, community partners and allied agencies shared their knowledge, ideas, time, resources and educational tools.

We wish to thank and acknowledge all of you.

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Finally we acknowledge the expertise and support of the many individuals and programs across all divisions of Peel Public Health.
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July 2004 Created by Region of Peel Public Health
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- Community Resources for Parents of Young Children
- Are You Having a Baby or Raising Young Children?
- Healthy Babies Healthy Children – Program Description and Referral Information
- Healthy Babies Healthy Children – Home Visiting Program
- Nipissing District Developmental Screen (18-months)
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Index
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.
SECTION: HEALTH RECORDS AND REQUIREMENTS FOR STAFF

(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.
SECTION: HEALTH RECORDS AND REQUIREMENTS FOR STAFF

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\(^1\). This can be demonstrated in one of the following ways:

   i. 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.

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

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.

2. Those who have a positive result on their screening test must provide documentation from their physician that they are non-infectious \textbf{before} beginning work at the child care centre.
### SECTION: HEALTH RECORDS AND REQUIREMENTS FOR STAFF

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

Name of Patient: ________________________________

Date: _________________________________________

<table>
<thead>
<tr>
<th>Type</th>
<th>Dates of Immunization:</th>
<th>Type</th>
<th>Dates of Immunization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Diphtheria</td>
<td></td>
<td>*Measles</td>
<td></td>
</tr>
<tr>
<td>*Tetanus</td>
<td></td>
<td>*Mumps</td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td>*Rubella</td>
<td></td>
</tr>
<tr>
<td><em>(Primary Series)</em></td>
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<td></td>
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</tr>
</tbody>
</table>

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

#### a) Dates of immunization given:

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: __________________________

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

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.

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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.

2. 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.
SECTION: HEALTH RECORDS AND REQUIREMENTS FOR STAFF

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

Name of Patient: __________________________
Date: ________________________________

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<td>Tetanus</td>
<td></td>
<td>Mumps</td>
<td></td>
</tr>
<tr>
<td>Polio (Primary Series)</td>
<td></td>
<td>Rubella</td>
<td></td>
</tr>
</tbody>
</table>

* 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

Dear Physician:

________________________________________________________________________
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.

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

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.
2. 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.
SECTION: HEALTH RECORDS AND REQUIREMENTS FOR STAFF

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

Name of Patient: __________________________
Date: __________________________

a) Dates of immunization given:

<table>
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<td>Rubella</td>
<td></td>
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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: __________________________

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>
<th>Description:</th>
</tr>
</thead>
</table>
| **Varicella Zoster** (chickenpox) | • Chickenpox is caused by the Varicella virus and occurs mainly in children  
• 80 per cent of adults have had the disease and are immune to it  
• Chickenpox is spread by person-to-person contact via nasal, mouth or vesicle (sores) secretions  
• The timing of the disease during pregnancy determines the effect it will have on the fetus  
• Infection during the first 20 weeks of gestation can result in birth defects, but these are rare  
• 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  
• Intrauterine infection or chickenpox before two years of age is associated with developing shingles (caused by the Zoster virus) at an early age  
• 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  
• Varicella vaccine is available for susceptible providers planning to become pregnant  
• Immunization during pregnancy is not recommended  
• 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)  
• Newborns exposed to chickenpox can be treated with VZIG |
<table>
<thead>
<tr>
<th>INFECTION:</th>
<th>DESCRIPTION:</th>
</tr>
</thead>
</table>
| **Cytomegalovirus (CMV)**  | • A virus that is transmitted in semen, saliva, urine and blood  
• Infection in adults and children usually has no symptoms (asymptomatic) but can cause damage if transferred to a fetus during pregnancy  
• Infected infants who are asymptomatic at birth may develop deafness or learning disabilities later in life  
• Infants who show symptoms at birth may be small for age or premature and can have mental retardation, liver disease, motor disabilities or hearing loss  
• Women who lack immunity and work with young children (e.g. child care workers, teachers, health care workers, mothers with young children) are at increased risk  
• Prevention involves good handwashing after each contact with body secretions and careful handling and disposal of urine-soaked diapers |
| **Fifth Disease**          | • A mild viral disease, often without fever, with a characteristic rash often described as “lace-like” that occurs especially in children, but can also occur in adults  
• Intrauterine infection does not cause congenital deformities but may cause a hemolytic (blood) condition characterized by anemia, jaundice, enlargement of the liver and spleen, and generalized edema; one study showed a five per cent fetal loss following infection  
• Women who lack immunity and work with young children (e.g. child care workers, teachers, health care workers, mothers with young children) are at increased risk  
• Antibody testing can be done to determine susceptibility  
• No immunization or treatment is available  
• Prevention includes good handwashing, not sharing eating utensils and practicing Routine Practices |
### INFECTION:  
### DESCRIPTION:

**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
## SECTION: HEALTH RECORDS AND REQUIREMENTS FOR STAFF

<table>
<thead>
<tr>
<th>INFECTION:</th>
<th>DESCRIPTION:</th>
</tr>
</thead>
</table>
| 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 |
### INFECTION: Rubella (German Measles)

#### DESCRIPTION:
- 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

REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES

Well-communicated communicable disease policies regarding the reporting and management of communicable diseases minimize the distress for everyone at the centre and can avoid a serious outbreak. Parents need to be aware of and understand the policies before they register their children in your centre.

LEGISLATION

Day Nurseries Act
Health Protection and Promotion Act
SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES

REGULATIONS GOVERNING COMMUNICABLE DISEASES

Day Nurseries Act, Section 31 states:

Every operator of a day nursery shall ensure that any recommendation or instruction of a medical officer of health with respect to any matter that may affect the health or well-being of a child enrolled in a day nursery operated by the operator is carried out by the staff of the day nursery. R.R.O. 1990, Reg. 262, consolidated to O. Reg. 14/02, s.31.

Health Protection and Promotion Act:

Section 21: Definitions:

1. In this Part, “institution” means,
   (d) “day nursery” within the meaning of the Day Nurseries Act;

   "superintendent" means the person who has for the time being the direct and actual superintendence and charge of an institution. R.S.O. 1990 c.H.7, s.21

Section 27:

2. The superintendent of an institution shall report to the medical officer of health of the health unit in which the institution is located if an entry in the records of the institution in respect of a person lodged in the institution states that the person has or may have a reportable disease or is or may be infected with an agent of a communicable disease. R.S.O. 1990 c.H.7, s.27 (2)

   (This means that the superintendent of a child care centre has a duty to report designated reportable communicable diseases to the local health department).

Section 39: Re: Confidentiality

1. No person shall disclose to any other person the name of or any other information that will or is likely to identify a person in respect of whom an application, order, certificate or report is made in respect of a communicable disease, a reportable disease, a virulent disease or a reportable event following the administration of an immunizing agent. R.S.O. 1990 c.H.7, s.39 (1).

2. Subsection (1) does not apply,
   (b) Where the disclosure is made with the consent of the person in respect of whom the application, order, certificate or report is made;

   (c) Where the disclosure is made for the purposes of public health administration.

   This means that the health department may release, without consent, the name of a case of a reportable, communicable disease to the child care administration for the purpose of identifying contacts of the case in the child care centre.
SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES

The health department will notify the case that their name will only be released as required for the safety of contacts.

The child care administrator is advised by the health department of their obligation to maintain the confidentiality of the individual case and not to reveal their name or any other information that may identify the person.

**Peel Public Health will:**
- Provide written information and consultation to child care centres to guide the management of communicable diseases and development of policies on management of sick children
- Provide a list of designated reportable communicable diseases and a mechanism for reporting these diseases to the local Medical Officer of Health
- Provide exclusion and readmission guidelines for specific communicable diseases
- Provide information about common illnesses/diseases
- Provide guidelines for the management of communicable disease outbreaks
- Provide guidelines for staff health requirements, including records of immunization and screening for Tuberculosis
- Provide guidelines around infections of special concern to pregnant child care providers
- Provide telephone support to child care facilities and parents via Health Line Peel
- Provide updated information related to communicable disease and outbreaks (e.g. Health Alert and Professionals Updates)
- Coordinate a list for fax/mail-out to child care centres

**The Operator will:**
- Develop written policies on:
  - Management of sick children
  - Management of infectious communicable diseases
  - Exclusion of sick children
  - Reporting designated communicable diseases and suspected outbreaks to the Medical Officer of Health or designate
- Report designated communicable diseases and suspected outbreaks of communicable diseases to the Medical Officer of Health or designate at Peel Public Health as required under the Health Promotion Act, within the timelines set out in this document
- Exclude children suspected to be/or confirmed sick with specific communicable diseases as per the policy of Peel Public Health’s Medical Officer of Health
SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES

REPORTING OF DESIGNATED COMMUNICABLE DISEASES

Under the Health Protection and Promotion Act, the child care centre operator or designate must report to the local Medical Officer of Health any person who, in their opinion, is or may be infected with a designated reportable, communicable disease. This will ensure prompt and complete follow-up of suspected cases.

See the accompanying list of Reportable Communicable Diseases.

<table>
<thead>
<tr>
<th>Diseases listed in bold with an ➤ should be reported immediately to Peel Public Health at Peel Public Health 905-799-7700</th>
</tr>
</thead>
</table>

The remaining diseases can be reported monthly to Peel Public Health by phone, fax, or mail:

- **Phone:** Peel Public Health 905-799-7700
- **Fax:** 905-793-2114
- **Mail:** Communicable Disease Control
  Peel Public Health
  44 Peel Centre Drive, Ste. 102,
  Brampton, ON
  L6T 4B5

A sample form to list diseases for reporting is included. It may be copied. (see Appendix #2)
REPORTABLE DISEASES 2003

The following specified Reportable Diseases (Ontario Regulations 559/91 and amendments under the Health Protection and Promotion Act) are to be reported to the Local Medical Officer of Health:

- Acquired Immunodeficiency Syndrome (AIDS)
- Amebiasis
- Anthrax
- Botulism
- Brucellosis
  - Campylobacter enteritis
  - Chancroid
  - Chickenpox (Varicella)
  - Chlamydia trachomatis infections
  - Cholera
- Cryptosporidiosis
- Cyclosporiasis
  - Cytomegalovirus infection, congenital
- Diphtheria
- Encephalitis, including:
  - Primary, viral (including WNV)
  - Post-infectious
  - Vaccine-related
  - Subacute sclerosing panencephalitis
  - Unspecified
- Food poisoning, all causes
- Gastroenteritis, institutional outbreaks
- Giardiasis
  - Gonorrhea
- Haemophilus Influenzae b disease, Invasive
- Hantavirus Pulmonary Syndrome
- Hemorrhagic fevers, including:
  - Ebola virus disease
  - Lassa Fever
  - Marburg virus disease
  - Other viral causes
- Hepatitis, viral
  - Hepatitis A
  - Hepatitis B
  - Hepatitis C
  - Hepatitis D (Delta hepatitis)
- Legionellosis
  - Leprosy
- Listeriosis
  - Lyme Disease
  - Malaria
- Measles
- Meningitis, acute
  - bacterial
  - viral
  - other
- Meningococcal disease, invasive
  - Mumps
  - Ophthalmia neonatorum
  - Paratyphoid Fever
  - Pertussis (Whooping Cough)
- Plague
- Poliomyelitis, acute
  - Psittacosis/Ornithosis
- Q Fever
- Rabies
- Respiratory infection outbreaks in institutions
  - Rubella
  - Rubella, congenital syndrome
  - Salmonellosis

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SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES

- Severe Acute Respiratory Syndrome (SARS)
- Shigellosis
- Smallpox
- Streptococcal infections, invasive Group A
  - Streptococcal infections, neonatal Group B
  - Streptococcus pneumoniae, invasive
- Syphilis
- Tetanus
- Trichinosis
- Tuberculosis
- Tularemia
  - Typhoid Fever
- Verotoxin - producing E. Coli infection indicator
  conditions including:
  - Hemolytic Uremic Syndrome (HUS)
- West Nile Virus Illness
  - (1) West Nile Virus Fever
  - (2) West Nile Virus Neurological Manifestations
- Yellow Fever
  - Yersiniosis

NOTE: Diseases marked "★" and respiratory infection outbreaks in institutions should be reported immediately to Peel Public Health by telephone. Other diseases are to be reported monthly by phone or fax.

To report diseases, call Peel Public Health at 905-799-7700, or fax 905-793-2114.
EXCLUSION AND READMISSION POLICIES

**Exclude:** The student should be excluded from child care if they have a condition which may be communicable to others (e.g. rash, sore throat or any suspected communicable disease). The child care centre operator directs that the child shall or shall not attend the child care centre, in keeping with the guidelines and policies of Peel Public Health.

Exclusion guidelines for specific communicable diseases are listed in the section **Information About Common Diseases in Childhood Charts** (see Appendix #1).

When differences exist between Peel Public Health guidelines and other sources of information, all child care operators are required to follow the guidelines and recommendations of Peel Public Health.

**Readmit:** The child may be readmitted when:

(a) Exclusion requirements of reportable communicable diseases are met; or
(b) Condition of minor communicable disease has cleared; or
(c) Doctor gives permission to return, stating that the condition is no longer communicable to others

**Special Concerns**

Absenteeism considerably above the average and apparently due to communicable disease should be reported directly to Peel Public Health.

Books (school or library) may be taken into the home and handled by patients with a communicable disease.

If exclusion regulations have been met, but the child "is still not well enough to benefit from activities", then such concerns should be brought to the parents’ attention.

**Information About Common Diseases**

Information about common diseases has been provided, and includes:

- A brief description of the cause and symptoms of the disease
- A description of how the disease is transmitted
- Precautionary measures to take to reduce the spread of the disease to other people
- A recommendation regarding exclusion from the child care centre (where applicable)
SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES

COMMUNICABLE DISEASE OUTBREAKS

Although the child’s physician has the responsibility for diagnosing communicable diseases, child care providers play an important role in identifying early signs of communicable disease. Through daily observation and interaction with children, you may notice changes in a child’s behaviour or appearance. If you have any concerns that a child may have a communicable disease, recommend that the parent/guardian consult their physician.

What is an Outbreak?

An outbreak may exist when, taking into account normal seasonal variations:

- A greater than expected number of staff/children are absent at one time with an upper respiratory infection
- A greater than expected number of children have similar symptoms (e.g. fever, diarrhea, vomiting, rash, respiratory symptoms)

What Actions Should the Child Care Centre Take?

If you suspect an outbreak, take immediate action by following these guidelines:

- Determine how many staff and children have similar symptoms (e.g. diarrhea, vomiting, rashes, respiratory symptoms). Remember to also check the absentee records.
- Report your suspicions to Peel Public Health at 905-799-7700. Peel Public Health will determine whether an outbreak exists and what follow-up measures are needed.

What Roles Will Peel Public Health Take?

Peel Public Health has three major roles in investigating outbreaks in licensed child care centres

1. Consulting role

Peel Public Health provides child care centres, staff, and parents with advice about:

- Signs and symptoms of an illness
- Incubation period and suspected duration
- How to reduce the risk of spreading the illness in the child care centre and at home
- Measures to control the outbreak
SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES

2. **Coordinating role**

Peel Public Health helps bring the outbreak under control by coordinating the following steps:

- Communication flow between the child care centre and Peel Public Health
- Monitor the progression of the outbreak
- Identifying the cause of outbreak by ensuring proper lab testing when appropriate (e.g. diarrhea)
- Communicating with physicians to aid in confirming diagnosis

3. **Legislated role**

The Medical Officer of Health and designates of Peel Public Health have the authority, under the Health Protection and Promotion Act, to require the child care centre to:

- Exclude staff and/or children
- Follow specific outbreak control measures
- Close the centre (in extreme situations)

Note: Adapted with permission from: Growing Healthy
Health and Safety Manual for Licensed Child Care Facilities
Ottawa-Carleton Health Department
HEPATITIS B, HEPATITIS C AND HIV INFECTION

Recommendations for Child Care Centres About Hepatitis B, Hepatitis C and HIV Infection

1. Hepatitis B

(a) Introduction

• Hepatitis B is a virus that causes infection of the liver
• When someone is infected with Hepatitis B, the following may occur:
  • They can get over the infection and develop "antibodies". This means the person is immune to any further Hepatitis B infection.
  • They can become very ill and die (less than one per cent of all those who are infected)
  • They may have symptoms so mild they do not know they are ill
  • They may never develop antibodies to the infection. This occurs in six per cent to 10 per cent of all adults and older children, but 90 per cent of infants will become "chronic" carriers. Chronic carriers can transmit the virus to others. Regardless of the final outcome, all persons in the "acute" or early stages of the Hepatitis B disease are considered infectious.
• There is no cure for chronic Hepatitis B (also called carrier status) and this is one of the major causes of liver cancer. A healthy liver is needed in order to digest food and to remove wastes from the body. Newborn infants who are born to mothers with the infection are the most vulnerable.
• Illness can range from an infection with no symptoms, to death from very serious damage to the liver. Young children are less likely to show symptoms of illness than adults.
• Hepatitis B is a very hardy virus and will live in dried blood for about seven days.

(b) Transmission

The virus is spread through direct contact with the blood or bodily fluids containing the virus. Intact skin is a barrier to the infection. In the general population, the main ways the virus is spread are:

• Exposure to infected blood through transfusions of infected blood or blood products, or sharing needles for intravenous drug abuse.
• Tattooing or body/ear piercing with equipment that has not been adequately disinfected.
• Sexual intercourse.
• From an infected woman to her unborn child during pregnancy and after birth.
• The risk of spread of Hepatitis B in a child care centre is so low that routine screening of children or staff for Hepatitis B infection is not recommended and exclusion of children with chronic infection is not necessary.
**SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES**

- Breastfeeding the infant of an HBs Ag positive (Hepatitis B carrier) mother poses no additional risk for acquisition of Hepatitis B infection by the infant (2000 Red Book – Report of the Committee on Infectious Diseases, American Academy of Pediatrics).

**Hepatitis B transmission in the child care setting is unlikely but it is possible in the following situations:**

- When a child infected with Hepatitis B bites another child and draws blood — although the biter is more at risk of contracting the disease if they bite a HBs Ag positive (Hepatitis B carrier) child.
- When the broken skin or mucous membranes of a person is exposed to the blood or oozing sores of an infected person (see article in plastic sleeve, When Children at Day Care Bite: What are the Risks?)

(c) **Things to do when a child has suspected or diagnosed Hepatitis B:**

- Make all decisions concerning care of children with chronic Hepatitis B virus in consultation with the child’s parents, physician, and the local child care centre director. This decision will depend on the age and behaviour of the child, as well as the ability of staff to provide supervision.
- Use Routine Practices for Infection Prevention for handling all blood or body fluids, regardless of whether or not children with Hepatitis B attend the child care program. This is important since some children may unknowingly be infected with Hepatitis B or other blood-borne infections.
  
  (See Well Beings: “Cleaning Body Fluid Spills: Urine, Stool, Vomitus, Blood and Bloody Body Fluids,” p. 85-86)
- (Refer to Section 1: “Health Records and Requirements for Staff for caregivers exposed to Hepatitis B” and Well Beings: “Hepatitis B”)

2. **Hepatitis C**

(a) **Introduction**

- Hepatitis C is a virus that causes infection of the liver.
- The signs and symptoms of Hepatitis C are the same as those for Hepatitis B.
- However, it is usually slow to progress and most individuals don’t show symptoms until 15 to 20 years after exposure.
- Most persons infected with Hepatitis C do not have symptoms. This is especially true in children.
- Of the people infected with Hepatitis C, approximately 70 per cent to 80 per cent will go on to develop "chronic" infection. This means that they will always carry the virus and be able to transmit it to other persons.
SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES

(b) Transmission

- Hepatitis C is spread primarily by parenteral exposure to blood and blood products from persons infected with Hepatitis C virus.
- Transmission among family members is uncommon unless there is direct or inapparent percutaneous or mucosal exposure to blood.
- Transmission from mother to infant before birth averages five per cent. Children born to mothers infected with both HIV and Hepatitis C have the highest risk of developing Hepatitis C infection.
- The rate of transmission of Hepatitis C to infants by breastfeeding is minimal unless the mother’s nipples are cracked or bleeding.

(c) Things to do when a child has suspected or diagnosed Hepatitis C:

- There is no reason to exclude a Hepatitis C positive child from the child care centre.
- Use Routine Practices for handling blood regardless of whether or not children with Hepatitis C attend the child care centre. This is important since children may be infected and not have symptoms.
- Refer to Section 1: Health Records and Requirements for Staff for caregivers exposed to Hepatitis C.

3. HIV Infection and AIDS

(a) Introduction

- Acquired Immune Deficiency Syndrome (AIDS) is caused by the Human Immunodeficiency Virus (HIV). The virus may ultimately destroy the immune system and leave the person vulnerable to life-threatening infections and unusual forms of cancer.
- The diagnosis of HIV infection is made by testing blood for the presence of the virus or for antibodies that the body has made to combat HIV. In most people, antibodies to HIV appear within a few months after infection. They are almost always present three months after infection. The time from when a person first becomes infected with HIV until AIDS develops may be many years.
- The HIV virus is very fragile and is not easily transmissible during the course of regular activities at child care centres.

(b) Transmission

- HIV found in blood, semen, vaginal fluids and breastmilk can be transmitted to others
- HIV is not transmitted through saliva
HIV is not very infectious (or contagious). The AIDS virus does not spread as the result of everyday contact in the home, child care centre or school. It is spread in the following ways:

- Through intimate physical contact such as sexual intercourse
- Through direct contact with blood, including blood transfusions, certain blood products, or sharing needles for injectable drug use
- From an infected pregnant woman to her baby before or during birth, or by breastfeeding
- Through tattooing or ear/body piercing where the equipment has not been adequately disinfected

HIV transmission has never been documented within child care settings. HIV transmission within household settings has only occurred when one of the above listed risks is present. Generally, it can be summarized that transmission occurs when the virus enters the body of another person through the following mechanisms:

- Direct needle punctures (e.g. sharing needles)
- Infected blood contacting the broken skin of another person
- Infected blood contacting the mucous membranes of another person

(c) Things to do when a child is diagnosed with HIV:

- Ensure the decision as to whether a child should attend a child care centre or be in a small group situation is made by the child’s parents and the child’s physician, in consultation with the centre director

*There is no legal obligation for parents of HIV-positive children to tell child care centre staff of their child’s status

- It is important that the people involved in caring for an infected child respect the child’s right to privacy. All information concerning HIV infection must be kept confidential. (This is a legal requirement).
- It is important to be aware that children with an HIV infection have depressed immune systems and are more at risk of contracting diseases from other children because of the increased exposure to germs in the larger group setting rather than passing the HIV infection on to others. The child is at risk of experiencing severe complications from infections such as chickenpox, tuberculosis, measles, cytomegalovirus and herpes simplex, because the child’s immune system is not working properly. Parents and the physician of a child with HIV infection or any form of immunodeficiency should be notified immediately if their child is exposed to such infections.
SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES

• Develop routine procedures for handling blood or body fluids, regardless of whether or not children with HIV infection attend the child care centre. This is important since some children may be unknowingly infected with HIV or other blood-borne infections. (Consult Well Beings: “Cleaning Body Fluid Spills: Urine, Stool, Vomitus, Blood and Bloody Body Fluids,” p. 85-86)

Situations which do not lead to the transmission of Hepatitis B virus, Hepatitis C virus, or Human Immunodeficiency Virus (HIV):

• Changing diapers
• Changing clothes
• Toileting
• Nose blowing
• Feeding
• Washing hands and faces
• Holding hands
• Hugging

Prevention and Control of Hepatitis B, Hepatitis C and HIV Infection in Child Care Centres

1. Routine Practices

There is always a small risk of transmission of Hepatitis B, Hepatitis C or HIV infection when there is blood involved in any injury. As the caregiver, one should focus on preventing transmission by using proper and sensible precautions. The term “Routine Practices” is used to describe specific procedures that must be used at all times to prevent transmission of infections due to blood-borne viruses and other germs.

2. Open Sores and Skin Lesions

Volunteers, staff and children must cover all open sores and skin lesions in order to prevent their blood from coming in contact with others (or other’s blood coming into contact with their wounds).

3. Approach to a Known Carrier

There is no need for special precautions to be taken over and above “Routine Practices” in order to protect the staff, volunteers or other children from HIV infection. However, an HIV-infected child may be at risk of infection from other children, staff, or volunteers. Parents are encouraged to let the child care director know if their child is HIV positive. If the child who is known to be HIV positive has been exposed to diseases such as chicken pox, measles or tuberculosis in the centre, the child care director should notify the parent immediately. If a family provides information to a child care centre regarding the HIV status of a child or family member, this information must be kept confidential.
4. **Immunization**

An effective vaccine against Hepatitis B is available and can be given to any child or staff member regardless of their age. Hepatitis B vaccine is offered free through a provincially funded program only in the Grade 7 school year. Parents may choose to immunize their child sooner than this at their own expense.

5. **Pre-Admission and Pre-Employment**

Routine screening of children for HIV is not recommended. Parents of other children do not need to be informed about the presence of a child with HIV infection in the child care centre.

Occasionally, it may be necessary to have a child’s Hepatitis B status assessed if the child develops biting behaviours after entering the child care centre. This is particularly important when there is a biting accident or injury involving blood which results in the blood from one person entering through the skin or mucous membranes of another person.

The only reasons for excluding a child infected with HIV from the child care centre are:

- If the child has open skin sores that cannot be covered
- If the child is too ill to take part in the activities

It is critical that the confidentiality of medical information is respected and protected. This requirement is not only a professional and ethical responsibility, but also a legal responsibility. Ontario law (*Health Protection and Promotion Act, Section 38, 1983*) prohibits inappropriate disclosure of confidential medical information.

When the HIV/Hepatitis B/Hepatitis C statuses of a child, staff, or volunteer come to the attention of the child care centre, the director must take the responsibility to ensure that confidentiality is maintained. It is not appropriate to provide this information to staff, volunteers, or to parents of other attendees unless the parents or infected individual consent to the release of information. If parents demand to know if there is a child, staff or volunteer who has Hepatitis B infection or HIV infection in the child care centre, then the policies and the procedures adopted by the centre to prevent the spread of communicable diseases could be discussed. **The exception to confidentiality would be when a discussion with an appropriate public health professional is necessary in the course of assessing the child’s status.**

If a staff member is known to be HIV, Hepatitis B, or Hepatitis C positive, the director should ensure this information is protected and released only with the expressed consent of the infected person.
WEST NILE VIRUS

INFORMATION FOR CHILDREN ATTENDING CHILD CARE CENTRES

Anyone can become infected with West Nile Virus (WNV) if bitten by an infected mosquito. WNV does not pose a higher risk of severe illness for children. However, children require adults to help them take precautions against mosquito bites. The same precautions apply to children in child care centres as in home settings.

What is West Nile Virus?

West Nile Virus (WNV) is a mosquito-borne infection that was first isolated in Africa in 1937. The virus is transmitted to humans through the bite of an infected mosquito. Mosquitoes become infected by biting an infected bird. The virus was first found in North America in 1999. By 2002, it spread to 44 states and five provinces in Canada, including Ontario.

Is my child at risk for becoming infected with WNV while attending the child care centre?

The mosquitoes that most commonly carry WNV are generally more active during the early evening and early morning so children who attend child care during the daytime are at minimal risk for exposure. As a precaution, however, child care centres can protect children by removing breeding areas for mosquitoes and taking other precautions against mosquito bites.

Can children go on outdoor field trips and play outdoors during the summer?

The most common mosquito to carry the virus is not generally active during the daytime. Children who go on trips during the daytime are at minimal risk for exposure. If the field trip is to an area where there is heavy tree cover or vegetation, is known for high mosquito activity, or if the trip is between dusk and dawn, children should be advised to take precautions against mosquito bites.

What precautions can be taken against mosquito bites?

Wear tightly woven, lightweight and light-coloured clothing, including long-sleeved shirts or hooded jackets or a hat, long pants and socks. Pant legs can be tucked into socks for extra protection. Check windows and screens for holes that may allow mosquitoes inside. Avoid areas with large numbers of mosquitoes and consider keeping children indoors from dusk to dawn when mosquitoes are most active.

What are the guidelines for using insect repellent on children?

Insect repellents are only one method of reducing mosquito bites and should be part of an overall protection plan that includes avoiding areas with large numbers of mosquitoes, staying indoors from dusk to dawn when mosquitoes are most active, and wearing protective clothing. Consider using an insect repellent for children if they must be outdoors between dusk and dawn, or if they are in an area with visible mosquitoes.

Insect repellents registered in Canada contain the chemical DEET (N, N-diethyl-m-toluamide) which repels mosquitoes. Only use insect repellents registered in Canada. The least concentrated DEET product (10 per cent or less) should be used for children.
Children require adult assistance to apply insect repellent. Follow these guidelines to ensure safe application.

**For children under six months of age**
- Do **NOT** use insect repellents containing DEET.
- Use mosquito netting to cover infant carriers.

**For children aged six months to two years**
- A maximum of one application per day may be used in situations where there is a high risk of insect bites.
- Only the least concentrated product (10 per cent DEET or less) should be used.
- Prolonged use should be avoided.

**For children between two and 12 years of age**
- A maximum of three applications per day may be used in situations where there is a high risk of insect bites.
- Only the least concentrated product (10 per cent DEET or less) should be used.
- The products should be applied sparingly and not to the face or hands.
- Prolonged use should be avoided.

**How do I safely use insect repellents containing DEET?**

When using an insect repellent carefully read and follow the manufacturer’s directions. In addition, it is recommended to do the following:

- Do not allow young children to apply DEET products themselves.
- Do not apply DEET products directly to children. Apply to your hands and then on the child’s skin, avoiding the eyes, mouth, palms of hands, cuts or irritations. It is best to use liquid or cream insect repellents that can be applied by hand. Wash your hands after applying the product.
- If the child is attending summer camp, ensure he or she knows how to use the products properly.
- Apply insect repellent sparingly on exposed skin and to the outside of clothing. There is no need to apply to skin under clothing.
- Wash treated skin with soap and water when returning indoors or when protection is no longer needed.
- Store DEET products, like other chemicals, out of reach of children.

**How often do I need to reapply an insect repellent containing DEET?**

Products with a lower concentration of DEET are as effective as the higher concentrations, but remain effective for shorter periods of time. Insect repellents that contain 10 per cent DEET will provide approximately three hours of protection while 5 per cent DEET will provide approximately two hours of protection.
Remember the maximum application guidelines for children:

- Six months and under — do **NOT** use DEET
- Ages six months to two years — maximum of one application per day
- Ages two to 12 — maximum of three applications per day

**What are the guidelines for using sunscreen and DEET at the same time?**

The best strategy is to apply sunscreen 20 minutes **before** outdoor activities and then apply insect repellent after the 20-minute period. If combination sunscreen and DEET products are used, they should be used **solely as an insect repellent**. Combination products have incompatible instructions for application, as insect repellents should be applied sparingly and sunscreens should be applied liberally for optimum protection.

**What should I do if my child accidentally swallows an insect repellent containing DEET?**

- Call a poison control centre immediately and seek medical attention.
- Take the insect repellent container with you to the emergency centre or physician.
- Follow the first aid statements on the label.

**If a child is bitten by a mosquito should he or she be tested for West Nile Virus?**

No. Most mosquitoes are not infected with West Nile Virus. Even in areas where mosquitoes do carry the virus, very few mosquitoes are infected. The chances that any one bite will be from an infected mosquito are small.

**If a child is bitten by an infected mosquito, will he or she get sick?**

Most people, including children who are bitten by mosquitoes carrying the West Nile Virus, may experience no symptoms or mild illness. Parents or caregivers should contact a doctor immediately if a child develops symptoms such as:

- High fever
- Confusion
- Muscle weakness
- Severe headaches
- Stiff neck
- Eyes become light sensitive
SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES

REFERENCES

RESOURCES
1. Information About Common Diseases in Childhood Charts (see Appendix #1)
2. Notification of Disease in Child Care Facilities (see Appendix # 2)
3. Reportable Diseases 2003 (see Appendix #3)
4. Facts About Chickenpox (see Appendix #4)
5. Sample Letter for Parents (Chickenpox) (see Appendix #5)
6. Fifth Disease (see Appendix #6)
7. Hepatitis A (see Appendix #7)
8. Hepatitis B (Revised June 2002) (see Appendix #8)
9. Advice for Hep B Carriers (Revised April 2002) (see Appendix #9)
10. General Hepatitis C Information (see Appendix #11)
11. Advice for Hepatitis C Infected Individuals (see Appendix #10)
12. Measles (Rubeola) (see Appendix #12)
13. Meningitis (see Appendix #13)
14. Meningococcal Disease (see Appendix #14)
15. Serious Group A Streptococcal Infections (see Appendix #15)
16. Facts About Tuberculosis (TB) (see Appendix #16)
17. Tuberculosis and TB Skin Tests (see Appendix #17)
18. BCG Vaccination (see Appendix #18)
19. For more information about West Nile Virus (WNV) or the Region of Peel’s WNV Prevention Plan, call Peel Public Health(905-799-7700) or visit www.peel-bugbite.ca.
### INFORMATION ABOUT COMMON DISEASES IN CHILDHOOD CHARTS

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Description</th>
<th>Instructions for Child Care Centres</th>
<th>Notes</th>
</tr>
</thead>
</table>
| **Athlete’s Foot** *(ringworm of the foot)* *(see plastic sleeve)* | • Fungus infection  
• Scaling or cracking of the skin, sometimes blisters between the toes  
• Spread by direct contact with infected person or indirectly from contaminated floors, shower stalls | **Not a reportable disease**  
• Can attend child care but should be EXCLUDED from barefooted activities, e.g. showers, swimming | Refer to doctor for diagnosis and treatment |
| **Chickenpox** *(see Appendices #4 & #5)* *(also see shingles)* | • Viral infection  
• Slight fever  
• Itchy rash that looks like blisters (vesicles)  
• Contagious from one to two days before onset of rash and up to five days after  
• Spread by respiratory droplets and contact with the fluid from the blisters | **Reportable disease**  
• Child should be allowed to return to child care centre when well enough to participate normally in all activities (regardless of the state of the rash)  
• Parents of other children in the centre, particularly parents of immuno-suppressed children should be notified that chickenpox is in the centre and information should be provided about the disease (see sample letter - Appendix # 5) | Vaccine preventable disease  
• The chickenpox virus can survive for many years in the body in an inactive form  
• Shingles is a reactivation of this inactive virus  
• Since the same virus causes both chickenpox and shingles, a person who has never had chickenpox may get chickenpox from someone who has shingles  
• You cannot get shingles from someone who has shingles |
| **Colds** *(Rhinitis, common cold)* | • Symptoms usually mild, cough, sneezing, runny nose, maybe fever  
• Viral illness — cannot be treated with antibiotics  
• Easily spread  
• Children will get several colds each year | **Not a reportable disease**  
• May attend child care centre if well enough to participate in activities | No treatment  
• Having a cold need not restrict a child from playing outdoors |
# SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES

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| **Fifth Disease** (erythema infectiosum, Human Parvovirus B19) (see Appendix #6) | • Mild usually non-febrile infection  
• A “slapped cheeks” rash on the face followed by a fine lace-like rash on the trunk and extremities  
• Rash may be more pronounced during exercise, stress or environmental changes (e.g. temperature and exposure to sunlight)  
• In exceptional cases, the rash can take up to five weeks to disappear entirely  
• Spread by contact with respiratory secretions  
• Contagious before onset of rash and probably not contagious after onset of rash | • Not a reportable disease  
• May attend child care as generally not infectious by the time diagnosis is made  
• Exclusion is not necessary, as this does not control further spread of the outbreak  
• Pregnant personnel should be advised to contact their physician in making their decision to work when an outbreak occurs. Peel Public Health does not recommend that staff be excluded | • No treatment is indicated |
| **Food Poisoning, All Causes** (Amoebiasis, Campylobacteriosis, Giardiasis, Pathogenic E.coli, Salmonellosis, Yersinia) (see Giardia, plastic sleeve) | • There are many types of food poisoning. Generally, it is transmitted from food to person by the ingestion of food contaminated with harmful bacteria or their toxins, viruses, parasites or food contaminated with a chemical  
• Can also be transmitted person-to-person by the fecal-oral route  
• Onset of illness varies from a few minutes to several days depending on the type  
• Symptoms vary but generally include diarrhea, cramps, nausea and/or vomiting | • Report suspect cases of food poisoning to Peel Public Health(905-799-7700)  
• Food handlers and child care staff who are positive with a foodborne pathogen and are experiencing diarrhea and/or vomiting must be excluded until symptom-free for 24 hours  
• Recommend exclusion of children until symptom-free for 24 hours  
• In an outbreak situation, report to Public Health. Follow the advice of the Public Health Inspector on ways to control and manage the outbreak | • Practice safe food preparation  
• Staff and children must wash hands often and well  
• Educational information available from the Environmental Health division of Peel Public Health |
# SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES

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<td><strong>Hand, Foot, Mouth Disease</strong>&lt;br&gt;(Coxackievirus)&lt;br&gt;(see plastic sleeve)</td>
<td>• Viral infection&lt;br&gt;• Sudden onset, fever, sore throat and small greyish lesions that progress to slightly larger ulcers on the inside of cheeks, gums and tongue&lt;br&gt;• Blisters may occur for seven to 10 days on palms, fingers and soles of feet&lt;br&gt;• Virus is found in nose and throat discharges and stool of infected persons&lt;br&gt;• Spread from person-to-person by direct contact with nose/throat secretions or stool and by droplet spread (like a cold virus) when the infected person coughs or sneezes</td>
<td>• <strong>Not reportable</strong>&lt;br&gt;• Once diagnosed by physician, the child can return if well enough to participate in activities</td>
<td>• Not related to the virus that causes disease in animals&lt;br&gt;• Promote handwashing and good hygiene</td>
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<td><strong>Head Lice</strong>&lt;br&gt;(Pediculosis)&lt;br&gt;(see Section 8: Pediculosis and Scabies and Section 8: plastic sleeve)</td>
<td>• Tiny insects, which live on the scalp and deposit their eggs (nits) on the hair close to the scalp&lt;br&gt;• Very common in children in schools and child care centres where large numbers of children are in close contact&lt;br&gt;• Spread by close, direct contact, among children, or on items such as hats, brushes, and clothing&lt;br&gt;• Scalp may itch; eggs (nits) can be seen attached to hair near scalp&lt;br&gt;• Some have no symptoms</td>
<td>• <strong>Not reportable</strong>&lt;br&gt;• <strong>EXCLUDE</strong> child until treated and nits removed from hair (Consult physician before applying special pediculosis shampoos/lotions to children under two years)</td>
<td>• Refer to fact sheet (Section 8 - plastic sleeve) and sample letters (included in Section 8: Pediculosis and Scabies Section).&lt;br&gt;• May be copied to hand out to parents/staff.&lt;br&gt;• Contact Peel Public Health for further information at 905-799-7700</td>
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<td><strong>Hepatitis A (HAV)</strong>&lt;br&gt;(see Appendix #7)</td>
<td>• Viral infection of the liver with fever, nausea, vomiting, abdominal discomfort followed by jaundice (yellowing of skin and eyes)&lt;br&gt;• Spread by water and food contaminated by stool and contact with feces of infected people&lt;br&gt;• Disease may be mild lasting one to two weeks or in rare cases severe, lasting several months&lt;br&gt;• Most children infected with HAV do not have symptoms&lt;br&gt;• Contagious for two weeks before to one week after the onset of jaundice</td>
<td>• <strong>Report immediately</strong> to Peel Public Health 905-799-7700&lt;br&gt;• <strong>EXCLUDE</strong> from child care until one week after jaundice first appears&lt;br&gt;• <strong>EXCLUDE</strong> from activities involving food preparation or handling until the eighth day after jaundice appears</td>
<td>• Vaccine preventable&lt;br&gt;• Hepatitis A vaccine may be given to close personal contacts and classroom contacts at the child care of an infected person within two weeks of exposure&lt;br&gt;• Ensure there is no sharing of towel and facecloth&lt;br&gt;• Promote good handwashing among staff and children</td>
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| **Hepatitis B (HBV)** (see Appendices #8 and #9) | • Viral liver infection  
• Most cases have no symptoms or experience only vague flu-like symptoms  
• Others experience symptoms similar to Hepatitis A  
• Contagious from weeks before onset of symptoms and throughout acute illness  
• Most people recover completely but one in 10 people continue to carry the virus in their blood and body fluids and may be contagious for life (carriers)  
• Hepatitis B carriers are healthy, although some may develop chronic liver disease in later years  
• Spread by contact with infected blood and body fluids including sexual contact. Can be spread through a bite when infected blood or saliva enters the other person's blood stream through the wound  
• Not spread by sneezing, coughing, hugging or kissing | **Reportable disease**  
• Exclusion unnecessary  
• Remember confidentiality  
• Ensure first aid procedures treat everyone as a potential carrier of the virus by using Routine Practices  
• Child may participate in full range of activities including swimming | **Vaccine preventable disease**  
• Disease is well-known in many countries especially Asia, Africa, and the Mediterranean area  
• See fact sheet Hepatitis B (see Appendix #6, may be copied) |
| **Hepatitis C (HCV)** (see Appendices #10 and #11) | • Viral liver infection  
• Signs and symptoms are the same as those for Hepatitis B  
• Most persons with Hepatitis C do not have symptoms. This is especially true in children  
• Of the people infected with Hepatitis C, 60 per cent to 70 per cent will develop chronic infection  
• Spread by exposure to blood and blood products from a person infected with Hepatitis C | **Reportable disease**  
• Exclusion unnecessary  
• Remember confidentiality  
• Ensure that first aid procedures treat everyone as a potential carrier of the virus by using Routine Practices  
• Child may participate in full range of activities including swimming. |
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| Herpes Simplex: (cold sores) | • Viral infection  
  • Most of these infections are without symptoms, however in some individuals a severe mouth infection occurs  
  • Spread by contact with herpes virus in saliva of carriers  
  • Most children will have exposure by a young age  
  • In some cases the virus persists in a resting state and may cause recurrent infections (e.g. cold sores) which are less contagious | • Not a reportable disease  
  • Exclusion unnecessary | • Encourage good handwashing  
  • Teach kissing on the cheek, not the mouth |
| Impetigo (see plastic sleeve) | • A staphylococcal or streptococcal skin infection characterized by pus-filled lesions or open sores usually located around the mouth and nose  
  • Spread by direct contact with the sores  
  • Contagious from onset until 24 hours after the first dose of antibiotic treatment | • Not a reportable disease  
  • EXCLUDE from child care from onset until lesions are dry or until at least 24 hours after the first dose of antibiotic treatment  
  • Ensure child does not share his towel and facecloth with others  
  • Promote handwashing and good hygiene | |
| Influenza | • Viral infection  
  • Fever, sore throat, aching muscles, headache, chills, and cough  
  • Spread rapidly by direct contact and also by coughing and sneezing  
  • Contagious for three to five days from onset of symptoms, up to seven days in young children | • Reportable disease  
  Individual cases should be reported to Peel Public Health 905-799-7700  
  • Suspected outbreaks (e.g. greater than expected number of children with similar symptoms) should be reported immediately to Peel Public Health 905-799-7700  
  • Vaccines available each fall prior to influenza season  
  • Avoid ASA/aspirin preparations because of risk of Reyes Syndrome | |
| Measles - German (Rubella) (see plastic sleeve) | • Viral infection  
  • Mild illness with slight rash and swollen neck glands  
  • Often person has no symptoms  
  • Spread by contact with respiratory secretions of infected person  
  • Contagious for about one week before and at least four days after onset of rash | • Report immediately to Peel Public Health 905-799-7700  
  • EXCLUDE child and readmit on day eight from onset of rash  
  • Advise pregnant staff members to consult physician (immune testing is routinely done prenatally)  
  • Vaccine preventable disease | |
### SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES

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| **Measles - Red** (Rubeola) (see Appendix #12) | - Viral infection  
- Begins with high fever, cough, runny nose and red eyes, often light sensitive  
- This is followed in three to seven days by a red blotchy rash usually beginning on the face  
- Spread by droplets from nose and throat  
- Contagious from slightly before the cold symptoms appear to four days after the onset of the rash | **Report immediately** to Peel Public Health 905-799-7700  
**EXCLUDE** child  
Readmit on the fifth day after the appearance of rash, if child is well enough to participate | Vaccine preventable disease |
| **Meningitis** (see Appendices #13 and #14) | - An infection of the membranes that cover the brain and spine  
- Can be caused by different bacteria and viruses  
- Most cases are isolated incidents  
- Frequently a history of cold symptoms followed by sudden and severe onset of fever, headache, stiff neck, nausea, vomiting, drowsiness and sometimes a rash  
- Spread by direct contact with the discharges from the nose and throat (e.g. kissing or sharing a drinking cup, cigarette, food or lipstick)  
- Not all forms of meningitis are contagious | **Report immediately** to Peel Public Health 905-799-7700  
All cases must be discussed with Peel Public Health (to determine if any risk involved) | Peel Public Health will determine the extent of contact follow-up, if any, as it varies depending on the cause of the meningitis  
Vaccines are available for some types of meningitis |
| **Mononucleosis** | - Viral infection  
- Fever, sore throat, swollen lymph glands around the neck area  
- Spread person-to-person by saliva  
- Duration is from one to several weeks | **Not a reportable disease — no exclusion warranted**  
Child may return to child care when well enough to participate | |
| **Mumps** (see plastic sleeve) | - Viral infection  
- Tender swelling of glands just below the ears  
- Fever  
- Contagious from six days before onset to nine days after  
- Spread by direct contact with respiratory secretions | **Report immediately** to Peel Public Health 905-799-7700  
**EXCLUDE** child from child care  
Readmit nine days after onset of swollen glands or once swollen glands have returned to normal size, whichever is shorter timeframe | Vaccine preventable disease |
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| **Pinkeye** (conjunctivitis) (see plastic sleeve) | • Eye infection caused by bacteria  
• Swollen eyelid(s), itchy sore eye(s), yellowish pus-like discharge  
• Very infectious by contact with contaminated articles or direct contact with the discharge from the eye(s) | • **Not a reportable disease**  
• **EXCLUDE** child if there is pus-like discharge from the eye(s) until at least 24 hours after the first dose of antibiotic treatment | • Conjunctivitis caused by a virus is milder and there is no pus  
• Child does not need to be excluded |
| **Pinworms** (see plastic sleeve) | • Common childhood infection  
• Caused by a tiny white thread-like worm that lives in the intestines and crawls out of the anus at night to lay its eggs  
• Anal itching, disturbed sleep, irritability and local irritation around the anal area  
• Many children have no symptoms  
• Eggs are spread to others by the infected person’s fingers after touching the infected anal area or by articles contaminated with eggs (e.g. clothing, bedding) | • **Not a reportable disease**  
• No exclusion | • Treatment available at pharmacy  
• Promote clean, short nails  
• Promote good personal hygiene (washing hands after going to the bathroom, before eating or preparing food)  
• Children should be discouraged from sharing towels, sucking fingers, nail biting and scratching anal area |
| **Plantar Warts** | • Viral infection causing warts on the soles of the feet  
• Spread from person-to-person by direct contact or contact with contaminated floors  
• Infection often spread in community gymnasiums, swimming pools and showers | • **Not a reportable disease**  
• **EXCLUDE** from activities in which child is barefoot until lesions have completely healed | |
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| Rabies Exposure   | Rabies is a virus that can be carried in the saliva of mammals such as a dog, cat, fox, skunk, raccoon, bat and other wild animals. Transmission to humans is by exposure to the saliva of an infected animal through a bite, cut or scratch, or through the moist tissues of the mouth, nose or eyes of the victim. | Wash the affected skin area thoroughly with soap and water.  
Immediately report to Peel Public Health (905-799-7700).  
If possible, provide the following information: name, address, telephone number(s), age and weight of the victim; a description of the animal; name, address and telephone number(s) of the animal’s owner; and a brief description of what happened.  
Contact the victim’s physician if they have been seriously injured, or injured by a wild or stray animal.  
Have pets vaccinated against rabies according to the instructions from your veterinarian.  
Teach children the do’s and don'ts of animal safety.  
Educational information is available from the Environmental Health Division. | Have pets vaccinated against rabies according to the instructions from your veterinarian.  
Teach children the do’s and don'ts of animal safety.  
Educational information is available from the Environmental Health Division. |

| Ringworm          | Ringworm of the body  
(see plastic sleeve) | Not a reportable disease.  
EXCLUDE from child care until treatment started.  
While under treatment, should be excluded from swimming and showers.  
Can participate in activities involving skin-to-skin contact if affected area is covered.  
If affected area cannot be covered, skin-to-skin contact should be avoided and good handwashing promoted. | |
|                   | Fungal skin infection  
Appears ring-shaped and has a raised edge.  
Very itchy and flaky.  
Spread from person-to-person by touch, contact with lesions on infected persons or pets or indirectly through contact with contaminated surfaces (i.e. shower stalls, floors, benches). | |
|                   | Ringworm of the scalp  
| Fungal infection.  
 Begins as a small pimple and spreads outwards in a ring shape leaving scaly patches causing temporary baldness.  
Spread by direct or indirect contact (e.g. sharing combs or hats). | Not a reportable disease.  
May attend child care but EXCLUDE from activities where sharing sport helmets, hats, towels and combs may lead to exposure of others until infection clears. | |
|                   | Ringworm of the foot  
| see "Athlete's Foot" | |

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**SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES**

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| **Roseola**  
(Exanthem Subitum,  
Sixth Disease)  
(see plastic sleeve) | • Common viral illness in children six to 24 months  
• Rare over four years or under four months of age  
• Symptoms usually mild  
• Starts with acute fever that may last three to five days, followed by rash (tiny red spots) on face and body that disappears in one to two days  
• Not highly infectious | • Not a reportable disease  
• May attend child care if child feels well enough and more serious illness has been ruled out  
• No risk to adults | • No treatment required |
| **Scabies**  
(see Section 8:  
Pediculosis and  
Scabies) | • Itchy rash, especially between fingers, on elbows, hands, around the waist  
• Itchiness is especially intense at night  
• Caused by a mite that burrows under the skin  
• Transferred by skin-to-skin contact  
• Mite does not survive long on clothing and does not jump from person-to-person  
• Itching may persist for one to two weeks after treatment | • Not a reportable disease  
• EXCLUDE child with scabies from child care until treated Usually can return the day following treatment | • Refer to fact sheet (Section 8: Pediculosis and Scabies) (may be copied to hand out to parents/staff)  
• Contact Peel Public Health for more information at 905-799-7700 |
| **Shigella** | An acute bacterial illness  
• Symptoms may include nausea, vomiting, abdominal cramps, diarrhea, fever and, in some cases, toxemia (blood poisoning)  
• Transmission is from ingestion of fecally contaminated food or water containing the bacteria  
• Cross contamination of foods is also possible  
• Person-to-person transmission is possible | • Food handlers and child care staff EXCLUDED until cleared by the Health Department  
• If case is a child in your centre, consult with the Environmental Health Division  
• In an outbreak situation, follow the advice of the Public Health Inspector on ways to control and manage the outbreak | • Handwashing by children and staff will help prevent disease transmission |
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| Shingles (also see chickenpox) | • Viral infection  
• Painful localized patch of blisters (vesicles) that may appear in crops in an irregular fashion along nerve pathways  
• Spread by direct contact with the fluid from the blisters  
• Not as infectious as chickenpox | • Not a reportable disease  
• May attend child care but must keep blisters covered until scabbed over | • Promote good handwashing  
• Shingles is a reactivation of the chickenpox virus that can survive for many years in the nerve pathways in an inactive form  
• A person who has never had chickenpox may get chickenpox from someone who has shingles  
• You cannot get shingles from shingles |
| Strep Throat And Scarlet Fever (see plastic sleeve) | • Bacterial infection  
• Fever, sore throat  
• Sometimes a rash like 'sandpaper' develops and it is known as scarlet fever  
• If untreated, ear infections, rheumatic fever, arthritis or kidney problems may occur  
• Spread person-to-person by droplets when coughing or sneezing  
• Contagious from onset until 24 hours after beginning of treatment | • Not a reportable disease  
• Child may return after 24 hours of antibiotic therapy if well enough to participate |
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<td><strong>Tuberculosis (TB)</strong>&lt;br&gt;(see Appendices # 16, #17 and #18)</td>
<td>• TB bacteria (germs) may infect various parts of the body; however, TB of the lungs is most common&lt;br&gt;• Symptoms may include weight loss, night sweats, cough, fever&lt;br&gt;• If TB is in the lungs (pulmonary) or larynx (throat and vocal cords), it can be contagious&lt;br&gt;• Contagious TB is spread by droplets when coughing or sneezing&lt;br&gt;• Young children are rarely contagious</td>
<td>• <strong>Reportable disease</strong>&lt;br&gt;• Child with pulmonary TB can usually return to child care after two weeks of appropriate antibiotic therapy&lt;br&gt;• No exclusion with TB in other parts of the body, as it is not contagious&lt;br&gt;• Peel Public Health will notify the child care if contact follow-up is necessary. The decision will depend on whether the person with TB is contagious, how much time the person may have spent in the child care, and susceptibility of the persons in the child care.</td>
<td>• Refer to Appendix #14, #15 and #16&lt;br&gt;• A positive skin test does not mean a person has active TB. It only means a person has been infected (exposed) by the germ at some time&lt;br&gt;• A physician will do a chest X-ray to see if the TB germ has done any harm&lt;br&gt;• Infected people (those exposed to the germ who have a positive skin test) have a 10 per cent risk of progressing to active TB disease and becoming ill, during their lifetime&lt;br&gt;• Preventive medication is available at no cost, through a physician, for those who have been infected; this will reduce the risk of future disease</td>
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| **Whooping Cough**<br>(Pertussis)<br>(see plastic sleeve) | • Bacterial infection<br>• Irritating cough that may end up with whoop, often severe enough to result in gagging or vomiting<br>• Coughing is often worse at night<br>• Spread by contact with respiratory secretions<br>• Contagious from onset of cough until:<br>  • three weeks after cough starts; or<br>  • five days after starting antibiotic treatment | • **Report immediately** to Peel Public Health 905-799-7700<br>• **EXCLUDE** child<br>• Readmit five days after starting antibiotic treatment or after three weeks have passed since onset of cough (if no antibiotic treatment) | • Vaccine preventable disease<br>• Consult Peel Public Health to determine if a letter has to go out to child care contacts<br>• The distinct cough may last one to two months even with treatment |
ADVICE FOR HEPATITIS C INFECTED INDIVIDUALS

What is Hepatitis C?

Hepatitis C virus (HCV) is one of several viruses that cause hepatitis, an acute or chronic inflammation of the liver. Hepatitis C can lead to liver damage and possibly liver cancer. Hepatitis C was first identified in 1989. Before that it was called non-A non-B hepatitis. Since 1990 the Canadian Blood Services has screened blood donations for Hepatitis C.

What are the Symptoms?

Symptoms may appear two weeks to six months after exposure to the virus, but 75 per cent of people have no signs of illness. Of those with symptoms, the most common is chronic fatigue, but may also include lack of appetite, nausea, vomiting, itchiness, jaundice (yellowing of the skin and eyes), joint and muscle aches. Complications of Hepatitis C include chronic liver disease such as cirrhosis, liver cancer and liver failure.

What is a Chronic Carrier?

Seventy-five per cent to eighty-five per cent of people infected with Hepatitis C become chronic carriers which means that they have the virus in their blood for the rest of their lives and can unknowingly spread it to others. Most carriers remain symptom-free for many years. However, some do become ill because of ongoing damage to their liver.

How is HCV Spread?

HCV is spread when people share blood or body fluids containing blood. Activities that put you at risk of getting infected with Hepatitis C are:

- Sharing needles, spoons, straws and other drug related equipment
- Getting tattoos or body parts pierced with dirty or non-sterile needles
- Receiving blood transfusions or blood products before 1992

Studies show that five per cent to 10 per cent of women who have HCV could pass it on to their babies, before or at the time of birth.

Studies show that breastfeeding does not pass HCV from mother to baby. If the nipples are bleeding or cracked it is recommended that breast feeding be stopped until healed.

Sexual transmission is very low. The risk may increase when there are open genital sores and during menstrual periods.

What Should I Do?

- Do not share any equipment for drug use, tattooing or body/ear piercing.
- Do not donate blood or organs for transplants.
- Practice safer sex by using a condom every time.
- Clean spills of blood with soap and water, then wipe the area with a freshly made bleach solution (1/4 cup bleach to 2 1/4 cups of water). Leave the solution in contact with the surface for at least 10 minutes. The bleach will kill any virus left on the area.
- Safely dispose of blood stained articles (tissue, dental floss, bandages and menstrual pads) by putting them in a plastic bag and tying.
- If you are providing routine first aid, take precautions and wear gloves. If you are receiving first aid make sure safety measures are taken.
- Keep your own cuts and sores covered, especially in the workplace.
- Decrease the amount of alcohol intake because alcohol can further damage your liver.
- See your doctor regularly for ongoing medical follow up.
- Ask your doctor about a vaccine to protect you from Hepatitis A and B.
- Maintain healthy eating habits.
- Get adequate rest and regular exercise.
For more information call Peel Public Health at 905-799-7700

Further information can be obtained from:

Canadian Liver Foundation 416-491-3353 or 1-800-563-5483
www.liver.ca

The Hepatitis C Society of Canada 905-270-1110 or 1-800-652-HepC
www.hepatitiscsociety.com
GENERAL HEPATITIS C INFORMATION

What is Hepatitis C?
Hepatitis C virus (HCV) is one of several viruses that cause hepatitis, an acute or chronic inflammation of the liver.

Hepatitis C can lead to liver damage and possibly cancer. Hepatitis C was first identified in 1989. Before that it was called non-A non-B hepatitis. Since 1990, the Red Cross has screened blood donations for Hepatitis C.

What are the Symptoms?
Symptoms may appear two weeks to six months after exposure to the virus, but 75 per cent of people have no signs of illness. Of those with symptoms, the most common is chronic fatigue, but may also include lack of appetite, nausea, vomiting, itchiness, jaundice (yellowing of the skin and eyes), joint and muscle aches. Complications of Hepatitis C include chronic liver disease such as cirrhosis, liver cancer and liver failure.

What is a Chronic Carrier?
Seventy-five per cent to eighty-five per cent of people infected with Hepatitis C become chronic carriers which means that they have the virus in their blood for the rest of their lives and can unknowingly spread it to others. Most carriers remain symptom free for many years. However, some do become ill because of ongoing damage to their liver.

How is HCV Spread?
HCV is spread when people share blood or body fluids containing blood. Activities that put you at risk of getting Hepatitis C are:

• Sharing needles, spoons, straws and other drug related equipment
• Getting tattoos or body parts pierced with used or non-sterile needles
• Receiving blood transfusions or blood products before 1992

Studies show that five per cent to 10 per cent of women who have HCV pass it onto their babies before or at the time of birth.

Studies show that breastfeeding does not pass HCV from mother to baby. If the nipples are bleeding or cracked it is recommended that breastfeeding be stopped until healed.

Sexual transmission is very low. The risk may increase when there are open genital sores and during menstrual periods.

How is Hepatitis C Detected?
A doctor can perform a blood test that detects Hepatitis C.

How to Prevent the Spread of Hepatitis C
• Do not share any equipment for drug use, tattooing and body/ear piercing.
• Do not donate blood or organs for transplants.
• Practice safer sex by using a condom every time.

For more information call Peel Public Health 905-799-7700

Further information can be obtained from:

Canadian Liver Foundation 416-491-3353 or 1-800-563-5483
www.liver.ca

The Hepatitis C Society of Canada 905-270-1110 or 1-800-652-HepC
www.hepatitiscsociety.com
MEASLES (RUBEOLA)

Measles is a highly contagious viral infection. It is spread easily from person-to-person through the air.

Prior to the availability of immunization, measles was a common childhood illness, when 90 per cent of the community was infected by age 20. Therefore, adults born before 1957 are considered immune through natural exposure.

Signs:

Symptoms of measles include high fever, cough, runny nose and red eyes often sensitive to light. This is followed in three to seven days by a red, blotchy body rash usually beginning on the face and lasting four to seven days. There may also be white spots in the mouth (Koplik spots).

Measles is more severe in infants and adults, than in children. Complications include ear infections, pneumonia and encephalitis.

Communicability:

Measles is contagious from slightly before the cold symptoms appear to four days after the appearance of the rash. Symptoms usually appear seven to 18 days after exposure to a person with measles. There is no carrier state for measles. A person can only spread measles if ill with the disease.

Exclusion:

Anyone with measles or suspected measles will be excluded from school or work until the fifth day from the onset of the rash. Those persons with philosophical or religious exemptions to measles vaccine will be excluded from school if a case of measles is identified in their school.

Prevention:

The MMR vaccine is a three-in-one needle that contains the vaccines that protect against measles, mumps and rubella (German Measles). Since 1996, immunization with two doses of measles vaccine is required by law for all children attending school in Ontario. The first dose must be given on or after the first birthday. The second dose is usually given before school entry (between four and six years of age) but can be given as early as one month following the first MMR.

Canada currently has a commitment to eliminate measles by the year 2005.

Peel Public Health’s Role:

A suspected case of measles must be reported to Peel Public Health. Measles may still occur in Canada due to inadequate immunization. Exposure may occur through being infected abroad or from contact with a foreign visitor from parts of the world where measles is common. All suspect cases of measles must be confirmed through blood tests. Contacts of cases are assessed for proof of immunization or immunity.

For further information please call:

Peel Public Health 905-799-7700
Caledon residents: 905-584-2216
Long Distance: 1-888-919-7800
MENINGITIS

What is Meningitis?

Meningitis is an infection of the membranes and fluid covering the brain and spinal cord. Both viruses and bacteria can cause meningitis.

What are the Signs and Symptoms of Meningitis?

The symptoms of meningitis are rapid in onset and severity. They include fever, headache, stiff neck (unwillingness to move head up and down), nausea and vomiting. People with this disease are visibly sick and may be confused, irritable or drowsy. Sometimes there is a rash.

What is Viral Meningitis?

Viral meningitis exhibits the above symptoms however it is usually milder and less serious than bacterial meningitis. It occurs most often in the late summer and fall. Viruses are found in stool and respiratory secretions. Good handwashing is the most effective means of preventing transmission.

Complications from viral meningitis are rare and most people get better on their own. Sometimes the ill person is admitted to hospital for observation, pain relief and intravenous therapy. Sometimes a doctor will do a spinal tap to rule out bacterial meningitis. Antibiotics are not useful to prevent or treat viral meningitis.

What is Bacterial Meningitis?

Bacterial meningitis is a much more severe illness. The three most common bacteria to cause meningitis are Haemophilus influenzae B, Neisseria meningitidis and Streptococcus pneumoniae. These bacteria are commonly found in nose and throat secretions of healthy people (carriers). The disease is usually transmitted by people who are carriers, not people who are ill. Transmission is through direct contact with the discharges from the nose and throat of a carrier. Most people exposed to these bacteria do not become sick with meningitis. Most adults have developed protection (immunity) against these bacteria. Why one person becomes ill and others do not is unknown.

Bacterial meningitis is a life threatening illness requiring hospitalization and treatment with intravenous antibiotics.

What is Peel Public Health’s Role?

All cases of meningitis are reportable to Peel Public Health and the extent of follow up depends on the type of meningitis.

There are no specific control measures or follow up for contacts of viral or Strep pneumococcal meningitis. Concerned contacts are advised to be aware of signs and symptoms of meningitis and if they develop a fever like illness over the next few days to see their family doctor.

When the bacteria causing meningitis is Haemophilus influenzae B or Neisseria meningitidis close contacts are identified by Peel Public Health and advised to go on a specific antibiotic to prevent the spread of infection. Close contacts are persons living in the same household, childcare or nursery school or others who may have shared saliva with the case. This could be through kissing, sharing toys, foods, drinks or cigarettes. Peel Public Health notifies contacts about appropriate antibiotic follow up.

Fortunately, meningitis is not highly contagious.

Is There Vaccine to Prevent Meningitis?

Yes. There has been a dramatic decrease in the number of cases of Haemophilus influenza B meningitis since 1986 when the first effective vaccine was developed. Since 1992 this vaccine is part of routine infant immunization.
Two meningococcal vaccines are now available to protect against Group C meningococcal disease. These vaccines are not publicly funded in Ontario but are available for purchase. They do not protect against all types of meningococcal disease.

Meningococcal vaccine has always been recommended for travellers going to areas of the world where meningitis is a common and frequent occurrence.

Public health departments use the vaccine to control outbreaks (a clustering of cases that are related).

**What is Some Common Sense Advice?**

It is important that you understand that meningitis is not easily spread.

- Try not to panic about getting this infection.
- Most people who come in contact with meningitis never get sick.
- Know the signs and symptoms of meningitis and when to seek medical attention. If your doctor says “it is probably a viral infection” but the symptoms get more severe, let your doctor know. Check on a child with a fever frequently.
- Teach good personal hygiene. Many infections can be prevented through handwashing. Personal items such as drinking glasses, water bottles, eating utensils, lipstick and cigarettes should not be shared.

For further information please call Peel Public Health 905-799-7700
MENINGOCOCCAL DISEASE

What is Meningococcal Disease?

Meningococcal disease is a serious illness caused by the bacteria, Neisseria meningitidis. It can cause meningitis (an infection of the lining of the brain and spinal cord) or meningococcemia (an infection of the blood stream).

What are the Signs and Symptoms?

Signs and symptoms are similar to flu but are much more rapid in onset and severity. They include fever, headache, stiff neck (unwillingness to move head up and down), nausea and vomiting. People with this disease are visibly sick and may be confused, irritable or drowsy. Sometimes a reddish skin rash will appear that is flat and smooth.

It is important to see your doctor immediately if you develop these symptoms.

How is it Spread?

The bacteria is commonly found in the nose and throat secretions of healthy people (carriers), so it is always in the community. People are exposed to the bacteria by direct contact with saliva or nasal secretions.

Who is at Risk?

Most people who come in contact with the bacteria do not become sick. The majority of adults have already developed immunity. Why one person becomes ill and others do not is unknown. The incubation period for this disease is two to 10 days.

Is There Treatment?

Most people with meningococcal disease recover with antibiotics.

What is Peel Public Health's Role?

All cases of meningococcal disease are reported to the health department. The health department’s role is to identify and determine close contacts at risks. The health department also answers questions and concerns in the community.

Who is a Close Contact?

Close contacts are persons living in the same household, child care or nursery school, who may have shared saliva with the case. This could be through kissing, sharing toys, foods, drinks or cigarettes.

Casual contacts (classroom or fellow workers) are not at increased risk. Sitting next to an infected person or having them cough or sneeze near you is not considered direct contact.

What is Peel Public Health’s Advice for Contacts?

Close contacts who are considered to be at increased risk (shared saliva), are advised to take a specific antibiotic. This antibiotic kills any meningococcal bacteria in the throat. It therefore prevents the contact from getting meningococcal disease and also prevents further transmission in the community.

When is Meningococcal Vaccine Used?

Two meningococcal vaccines are now available to protect against Group C meningococcal disease. These vaccines are not publicly funded in Ontario but are available for purchase. They do not protect against all types of meningococcal disease.

Meningococcal vaccine has always been recommended for travellers going to areas of the world where meningitis is a common and frequent occurrence.

The vaccine is recommended to control outbreaks (a clustering of cases that are related).

What is Some Common Sense Advice for Parents?

It is important that you understand the disease is not easily spread.

- Try not to panic about getting this infection. Most people who come in contact with meningococcal disease never get sick.
- Know the signs of meningococcal disease and when to seek medical attention. If your doctor says its flu but the symptoms get more severe, let your doctor know.
• Check on a child with a fever frequently. Call your doctor if signs and symptoms worsen.

For further information please call Peel Public Health at 905-799-7700.

• Teach good personal hygiene. Many infections are spread through nose and throat secretions. Don’t share things that have been in your mouth.
SERIOUS GROUP A STREPTOCOCCAL INFECTIONS

What is Group A Streptococcus?

Group A Streptococcus (Group A Strep or GAS) is a common bacteria which can cause a variety of infections. The most frequent conditions include: sore throats (commonly referred to as “strep” throat), ear infections, scarlet fever and skin infections.

How Common is Group A Strept Bacteria in the General Population?

Group A Strep is commonly found on the skin and in the nose and throat of about five per cent to 15 per cent of children and one per cent of adults. The bacteria can be carried in the throats of healthy people who have no signs or symptoms of illness.

How is Group A Strep Spread?

Group A Strep is usually spread through direct contact with the saliva or nasal secretions of an infected person, for example, through kissing or sharing cutlery.

What is Invasive Group A Strep?

In rare cases, the same strep bacteria can cause a serious form of illness called Invasive Group A Strep. The most common forms of this disease are:

- Toxic Shock Syndrome (STSS), characterized by sudden onset and rapid failure of the vital organs;
- Necrotizing Fasciitis (NF), commonly called “flesh-eating disease” which destroys body tissue.

Who is at Risk for Serious Illness?

It is not known why one person develops a mild illness and another develops severe invasive disease.

Contacts of the infected person rarely go on to develop illness. The household and intimate contacts are at a slightly increased risk.

What are the Signs and Symptoms of Invasive Group A Strep Infection?

A person with this serious form of Group A Streptococcal infection can become very ill within 12 - 24 hours. There can be a history of flu-like symptoms such as fever, pain and muscle ache before signs of infection or rash quickly develop. In other cases there may be severe pain, swelling, redness or swollen lymph nodes associated with a recent cut or injury.

What Precautions can be Taken to Prevent Invasive Group A Strep?

- Use good personal hygiene - wash hands and don't share anything that has been in your mouth
- Wounds and cuts should be well cleansed, disinfected and bandaged
- Any sudden or unusual signs of infection and/or fever should be reported to your doctor

What is the Role of Peel Public Health?

Peel Public Health, the Regional Health Department, investigates reports of communicable diseases including Invasive Group A Strep. Our role is to identify and notify those persons who are at increased risk for immediate spread of bacteria through direct contact with the infected person. These contacts are advised to see their physician to obtain preventive treatment.

For further information talk to your doctor, or call Peel Public Health at 905-799-7700
FACTS ABOUT TUBERCULOSIS (TB)

What is Tuberculosis?

Tuberculosis (TB) is an infectious disease caused by the tuberculosis bacteria. The TB germ can cause an infection in the lungs but may travel in the blood stream and affect other parts of the body.

How is Tuberculosis Spread?

Tuberculosis is only infectious if the disease is in the lungs (pulmonary TB) and the person is coughing the germ into the air. It usually requires close, prolonged contact with the case to get the TB germ.

What is the Difference Between TB Infection and TB Disease?

The first infection often goes unnoticed. The body’s defences usually destroy the TB germs or wall off the germs so no damage is done. A skin test is able to detect this immune response to TB two -12 weeks after initial exposure. This is known as TB infection. TB infection is not contagious.

At the time of first infection only about five per cent go on to develop TB disease (where the germ is doing damage). These are usually the very young or those in poor health. Others may develop active disease later in life when the TB germs that were walled off start to grow again and cause damage in the body. This happens in approximately 10 per cent of those with a positive skin test. Young children, the elderly, the immunocompromised or those with poor health are at higher risk of developing TB disease, as their ability to fight infection is weaker.

What are the Symptoms of TB Disease?

Pulmonary tuberculosis may not produce any early symptoms until the infection in the lung has reached a size that is visible on X-ray. Symptoms in adults include cough, loss of appetite, fatigue, weight loss, fever and night sweats. Cough and sputum production is often present and may be misdiagnosed as bronchitis or pneumonia. Any cough lasting longer than three weeks should be thoroughly investigated.

Sometimes the disease is outside the lung such as in the kidney, lymph nodes, bone, etc. causing symptoms such as pain and discomfort in those sites.

What are the Symptoms in Infants and Children?

Infants are more likely to have symptoms than older children. The most common symptoms are: difficulty breathing, fever, night sweats, poor feeding, lethargy or irritability. Children may not gain weight or grow as they should. A cough may or may not be present. Usually an infant with TB is very sick. A prolonged infection that is not being cured by antibiotics can occasionally be TB. Because babies do not cough deeply it is very hard for them to spread TB.

Is There Treatment for Tuberculosis?

Tuberculosis is curable. People are treated at home under the supervision of their doctor. Usually after two weeks they are no longer contagious and can return to work or school. Medication must be taken for at least six - nine months or as the doctor orders. The full treatment must be completed to prevent drug resistance from developing. Drug resistance means that the drug is no longer effective in destroying the TB germ. Peel Public Health provides the free medication and a treatment program called Directly Observed Therapy (DOT).

What is Preventive Treatment?

Preventive medicine, Isoniazid (INH) or Rifampin pills, may be prescribed for persons with a positive skin test. Taken daily, preventative medication has been shown to prevent TB infection from becoming TB disease. Before starting preventive treatment a medical assessment is necessary to rule out tuberculosis disease. People, who have a positive skin test and do not complete preventive therapy, run a risk of developing tuberculosis disease. Their doctor should have this information so that TB might be considered if a prolonged infection or chronic cough occurs.

TB is reported to the Health Department so that appropriate case and contact follow up is done.

TB is Preventable, Treatable and Curable

For more information, call Peel Public Health at 905-799-7700 (Monday to Friday 8 a.m. to 5 p.m.)
What is Tuberculosis?

Tuberculosis (TB) is an infectious disease caused by the tuberculosis germ. TB usually causes disease in the lungs, but may affect other parts of the body. TB is only contagious when diagnosed as active disease in the lungs or larynx. It is spread by coughing. Usually, close prolonged contact is required for transmission. Symptoms of TB include fatigue, fever, night sweats, weight loss, coughing, and chest pain. When someone has symptoms from TB, we say the person has “active TB disease”.

Tuberculosis is now preventable and curable with proper antibiotic treatment.

Only a small percentage of people exposed to the TB germ ever get active TB disease.

Why do I Need a Tuberculin Skin Test?

A TB skin test will show whether someone has been exposed to TB germs. A TB skin test is done for the following reasons: you are a contact of a person who has infectious TB disease, it is a requirement of employment or to determine past exposure as part of a medical assessment.

What is a TB Skin Test?

TB skin test fluid contains PPD (purified protein derivative of killed tubercle bacilli). A tiny amount of this test fluid is injected just under the skin of your forearm. This is not a vaccination. The skin test cannot give you tuberculosis.

The test site must be read within 48 - 72 hours to determine if the test is negative or positive. Only reactions of a certain size are considered significant.

What Reaction can I Expect at the Test Site?

There may be swelling or redness at the test site and slight discomfort such as itching.

Does a Positive Skin Test Mean that I Have Tuberculosis?

A positive skin test means that you have been exposed to the TB germ at sometime in your life. You have “TB infection”. It does not mean you have tuberculosis disease. You will be referred to your family doctor for assessment. A chest X-ray will be necessary to determine if the TB germs have done any damage to your lungs. Your doctor may prescribe medication to prevent TB.

Additional Information:

- Pregnancy or history of previous BCG are not contraindications to receiving this test
- Keep a record of your TB skin test. A documented positive skin test is usually not repeated as the test will continue to react positive
- Tuberculosis is contagious if active in the lungs or larynx
- TB is less common now, but still occurs in Canada
- A TB skin test can determine if you have been in contact with TB
- Medication is effective in preventing and curing tuberculosis

For further information, call Peel Public Health 905-799-7700.
BCG VACCINATION

What is BCG?

BCG is a live vaccine against tuberculosis (TB). BCG stands for Bacillus Calmette-Guerin after two doctors who introduced the vaccine. It was developed in the 1920's and remains the only vaccination available against TB today.

Does BCG Work?

BCG can prevent someone getting TB about half the time although estimates vary widely. The protection BCG provides becomes less with time since vaccination. This means that many people develop active TB even though they received BCG. Although BCG has been used widely for a long time the rates of TB in countries that use BCG have not changed. One third of the world’s population has TB infection and two million people a year die of TB. BCG alone is not enough to stop the spread of TB.

Why Use BCG?

BCG is very effective in the prevention of serious forms of TB, like TB meningitis or miliary TB, which can often lead to death. This is especially important for children because they develop severe TB much more often than adults. In areas of the world with high rates of TB the risk of children developing severe TB is high enough to make the use of BCG worthwhile.

Who is Given BCG?

In countries with high rates of TB, BCG is given to infants to help prevent the more serious forms of TB disease. In some countries BCG is given several times during childhood and early adult life, in an effort to maintain some protection against TB.

Could BCG Cause a Positive TB Skin Test?

If effective, BCG will give a positive skin test. However, as time goes by, not everyone who had BCG will continue to have a positive skin test. If you have a positive skin test and are from a part of the world where TB is common, you should assume that it is due to TB exposure. BCG should not stop you from having a skin test.

Why is BCG not Used in Canada?

BCG is not used routinely for a number of reasons. TB is not widespread so the chances are small that infants and young children will become exposed. There can be serious side effects in those with serious immune system problems. The exception to this is First Nations or Inuit infants, who live in communities with high rates of TB. Lastly BCG makes the TB skin test difficult to understand since one cannot be sure if a positive result is due to infection with TB or vaccination with BCG.

What Does a Two-Step Skin Test Have to do with BCG?

For people who require repeated skin testing, a two-step test is done to establish a true baseline result. People who have been infected with TB in the past or had BCG years ago may have an initial negative result. However, a second test, given one or two weeks later, will be positive. This second test is accurate.

For further information, call Peel Public Health at 905-799-7700.
### NOTIFICATION OF DISEASE IN CHILD CARE FACILITIES

See Reportable Diseases 2003 (see Appendix #3): Diseases listed in bold and with an ➢ should be reported immediately to **Peel Public Health 905-799-7700**. This will enable staff to begin immediate follow-up.

List remaining cases of reportable disease and report monthly by phone, fax or mail to:

**Disease Control Program**  
**Peel Public Health, Ste. 102 - 44 Peel Centre Drive, Brampton ON L6T 4B5**  
Fax 905-793-2114

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Personal Information On This Form Is Collected Under The Health Protection And Promotion Act, R.S.O. 1990. C. H.7.S.5. And Will Be Used For The Control Of Communicable Diseases In Peel Region, Preparation Of Reports To The Ministry Of Health, And Communications With Other Health Units. Questions About This Collection Should Be Addressed To The Manager, Communicable Disease Control, Peel Public Health, Ste. 102 - 44 Peel Centre Drive, Brampton, ON L6T 4B5, 905-799-7700.
REPORTABLE DISEASES 2003

The following specified Reportable Diseases (Ontario Regulations 559/91 and amendments under the Health Protection and Promotion Act) are to be reported to the Local Medical Officer of Health:

- Acquired Immunodeficiency Syndrome (AIDS)
- Amebiasis
- Anthrax
- Botulism
- Brucellosis
  - Campylobacter enteritis
  - Chancroid
  - Chickenpox (Varicella)
  - Chlamydia trachomatis infections
  - Cholera
- Cryptosporidiosis
- Cyclosporiasis
  - Cytomegalovirus infection, congenital
- Diphtheria
- Encephalitis, including:
  - Primary, viral (including WNV)
  - Post-infectious
  - Vaccine-related
  - Subacute sclerosing panencephalitis
  - Unspecified
- Food Poisoning, all causes
- Gastroenteritis, institutional outbreaks
- Giardiasis
  - Gonorrhea
- Haemophilus Influenzae b disease, invasive
- Hantavirus Pulmonary Syndrome
- Hemorrhagic fevers, including:
  - Ebola virus disease
  - Lassa Fever
  - Marburg virus disease
  - Other viral causes
- Hepatitis, viral
  - Hepatitis A
  - Hepatitis B
  - Hepatitis C
  - Hepatitis D (Delta hepatitis)
- Herpes, neonatal
- Influenza
- Legionellosis
  - Leprosy
- Listeriosis
  - Lyme Disease
  - Malaria
- Measles
- Meningitis, acute
  - bacterial
  - viral
  - other
- Meningococcal disease, invasive
  - Mumps
  - Ophthalmia neonatorum
  - Paratyphoid Fever
  - Pertussis (Whooping Cough)
- Plague
- Poliomyelitis, acute
  - Psittacosis/Ornithosis
- Q Fever
- Rabies
- Respiratory infection outbreaks in institutions
  - Rubella
  - Rubella, congenital syndrome
  - Salmonellosis

Cont’d 2-36
SECTION: REPORTING AND MANAGEMENT OF COMMUNICABLE DISEASES

- Severe Acute Respiratory Syndrome (SARS)
- Shigellosis
- Smallpox
- Streptococcal infections, invasive Group A
  Streptococcal infections, neonatal Group B
  Streptococcus pneumoniae, invasive
- Syphilis
- Tetanus
- Trichinosis
- Tuberculosis
- Tularemia
  Typhoid Fever
- Verotoxin — producing *E. coli* infection indicator conditions including:
  - Hemolytic Uremic Syndrome (HUS)
- West Nile Virus Illness
  - West Nile Virus Fever
  - West Nile Virus Neurological Manifestations
- Yellow Fever
  Yersiniosis

**NOTE:** Diseases marked " ➜ " and respiratory infection outbreaks in institutions should be reported **immediately** to Peel Public Health by **telephone**. Other diseases are to be reported monthly by phone or fax.

To report diseases, call Peel Public Health at 905-799-7700 or fax 905-793-2114.
FACTS ABOUT CHICKENPOX

Chickenpox is a very common infection in childhood. It is caused by the varicella-zoster virus, which only infects people. There is a vaccine (varicella vaccine) now available to prevent chickenpox. Chickenpox is common in children and is usually mild. When adults get it, however, they can be very sick. Most adults have already had chickenpox and will not get in again. Chickenpox is also very dangerous for people with immune system problems like leukemia, or for people who are taking drugs which suppress the immune system, such as steroids.

Chickenpox begins with a fever, followed in a day or two by a rash that can be very itchy. The rash starts with red spots that soon turn into fluid-filled blisters. New blisters may form during the next few days, and after a few days, crust will form over the blisters.

The chickenpox virus spreads very easily through the air. The only way to stop the spread of the virus from person-to-person is to prevent infected people from sharing the same room or house before symptoms appear, which is not very practical.

Shingles (zoster) looks like chickenpox and is caused by the same virus but is found on only one part of the body. Shingles occurs in people who have already had chickenpox and is very infectious by direct contact. It is possible to catch chickenpox from someone with shingles but someone cannot get shingles from someone with chickenpox.

Things parents can do

- Watch your child for signs of chickenpox during the next two to three weeks if another child has it. If your child develops chickenpox, make sure you tell the staff, and contact your physician if you have any questions.

- If your child gets chickenpox, do not give aspirin, acetylsalicylic Acid (ASA) or any products that contain aspirin. Taking aspirin increases the risk of getting Reye's syndrome. This severe illness can damage the liver and brain. If you want to control your child’s fever, it is safe to use acetaminophen (Tylenol\textsuperscript{TM}, Tempra\textsuperscript{TM}, Panadol\textsuperscript{TM}) and others.

- If one of your children has chickenpox, do not try to keep your other children in separate places in the house. It is usually impossible to prevent chickenpox from spreading to other members of the family. If someone else catches the infection, it will appear two to three weeks after the first family member got it.

- If any child in your household has an immune system disorder, contact your physician. The physician can give that person a special type of immune globulin containing a large number of antibodies (protective substances in the blood) to help prevent infection.

- Adults and pregnant women in particular can develop severe chickenpox. If you are pregnant and have not had chickenpox, or if you have not lived in the same house with someone who has had chickenpox or shingles, call your physician as soon as your child develops chickenpox. Your physician can give you a special type of immune globulin (VZIG) injection to help prevent you from getting a severe infection. If you catch chickenpox early in your pregnancy, there is a very small chance of it damaging your unborn child. If you have chickenpox shortly before or after giving birth, your newborn may develop a very severe infection.

- Children with chickenpox who have fever and are not well should not be at a child care facility.

- Parents of other children in school/child care facility, particularly parents of immunosuppressed children, should be notified that chickenpox is in the class/school/child care facility and should be provided with information about chickenpox.

- Individuals with chickenpox have been shown to be most infectious 12 to 24 hours before the rash is recognized. Since chickenpox is typically diagnosed after the onset of the rash, excluding children with a rash is not effective in preventing the transmission of the disease.
The Canadian Paediatric Society recommends that a child with mild chickenpox should be allowed to return to school or child care facility as soon as he or she is well enough to participate normally in all activities, regardless of the state of the rash.

Children with open chickenpox lesions may be at risk of developing secondary skin infections but pose minimal risk to other children in the centre.

Chickenpox is a reportable communicable disease. Please advise the child care facility if your child has chickenpox. The child care facility is required to report this disease to Peel Public Health.

There is also a chickenpox vaccine available. It is a safe and effective vaccine that can be given to children over 12 months of age. Children 12 months to 12 years of age require only one dose of the vaccine. People 13 years of age and older need two doses of the vaccine (second dose given four to eight weeks after the first dose).

The chickenpox vaccine is not yet a publicly funded vaccine from the Ministry of Health. An individual requesting this vaccine would have to pay for it. Drug plans may cover the cost of this immunization. Ask your physician about the cost of the vaccine.

For more information about the chickenpox vaccine (varicella vaccine) talk to your doctor or contact Peel Public Health at:

- Peel Public Health 905-799-7700
- Caledon residents, call free of charge 905-584-2216
- or visit our website at http://www.peelregion.ca/health/

Adapted with permission from the Canadian Paediatric Society.
For more information please see their web site at http://www.cps.ca
SAMPLE LETTER FOR PARENTS (CHICKENPOX)

Date

Dear Parent,

Recently there have been cases of chickenpox in your child’s child care centre. Peel Public Health would like to provide you with information about this common childhood illness.

Chickenpox is caused by the varicella-zoster virus. In children, this usually results in a mild illness starting with a slight fever, fatigue, headache, and/or a runny nose. This is followed in a day or two by a red spotty rash which turns into small, itchy, fluid-filled blisters. Eventually the blisters dry up and crust over. The symptoms may be more severe in adults. Serious complications from chickenpox are rare but can include pneumonia (lung infection), encephalitis (inflammation of the brain), and bacterial infection of the skin. In Canada, a few people die every year from chickenpox.

The disease is most contagious 1-2 days before the rash appears. Chickenpox virus spreads mainly through respiratory droplets in the air. The incubation period is 10-21 days. Most adults have already had the disease and will not get sick again if re-exposed.

Shingles (zoster) is caused by reactivation of the virus in someone who has previously had chickenpox. The rash appears on only one part of the body and severe pain at the rash site is common. It is possible to catch chickenpox from someone with shingles by direct contact with the rash. However, you cannot get shingles from exposure to someone else with shingles.

What Can You Do After Exposure to Chickenpox?

• The following people should contact their doctor for follow-up if they are exposed to chickenpox:
  ➢ Women who are pregnant
  ➢ Individuals who have an illness that suppresses their immune system (e.g. cancer, HIV)

• Watch your child for signs of chickenpox during the next two to three weeks after they have been exposed to it.
• If your child develops chickenpox, please tell the child care centre.
• **There is no need to isolate a child with chickenpox.** The child may return to the child care centre if s/he is feeling well enough to participate in activities as usual. This is because chickenpox has been shown to be most contagious 12-24 hours before the rash appears. Since the disease is usually diagnosed after the onset of the rash, excluding children with a rash is not effective in preventing transmission of the disease to others.
  • It is safe to use acetaminophen (Tylenol, Tempra, Panadol) to help control a fever from chickenpox. **Do not give aspirin** or any products that contain acetylsalicylic acid (ASA) to a child under the age of 18 since this can lead to serious complications.
  • If blisters become infected or your child is very ill, contact your doctor for follow-up.

Prevention is Possible!

There is a safe and effective chickenpox vaccine available! **The vaccine is recommended for healthy individuals over the age of 12 months who have not yet had the disease.** Call your doctor or Peel Public Health that 905-799-7700 for more information (Caledon residents, call free of charge at 905-584-2216).
FIFTH DISEASE (ERYTHEMA INFECTIOSUM)

What is Fifth Disease?

Fifth Disease is a viral infection caused by parvovirus B19.

What are the Signs and Symptoms?

A red rash on the face, making the cheeks look like they have been slapped is characteristic and is often absent in adults. One to four days later, a red, lace-like rash appears, first on the arms and then on the rest of the body. The rash may last weeks to months and fluctuate in intensity. A brief illness of fever, headache, muscle aches and tiredness may occur seven to 10 days before the rash. The time from exposure to first symptoms is four to 20 days with rash occurring two to three weeks after exposure.

How is the Disease Spread?

The virus spreads the same way as a cold virus; on the hands of someone who has the infection, on something that has been touched by someone who has the infection or in the air by sneezing. People cannot spread the disease by the time the rash appears but do so before this time.

How Common is Fifth Disease?

Fifth Disease commonly occurs in children, especially in the winter and spring seasons when the disease is widespread in the community. By adulthood 50 – 80 per cent of people have been infected with Fifth Disease and will not get it again if exposed.

Is this a Serious Disease?

Up to one quarter of infections produce no symptoms. The disease is mild for healthy children and most adults. Adults with disease may have painful joints that can last for months. The infection may be more serious for children and adults with chronic forms of anemia or who are immunosuppressed. Infection in the first 20 weeks of pregnancy can cause severe anemia in the fetus. If you’re in the first half of your pregnancy and think you have Fifth Disease see your family doctor. Women in the first half of pregnancy should also see their family doctor if they have been in contact with someone diagnosed with Fifth Disease.

Can I Prevent Fifth Disease?

There is no treatment for Fifth Disease and no vaccine is available. Practice good personal hygiene. Frequent handwashing is the most effective way of preventing the spread of Fifth Disease and many other diseases. Cover your mouth when coughing or sneezing. Children with the rash may continue to attend school if feeling well enough to take part in the activities since they are no longer able to spread Fifth Disease.

For further information please call Peel Public Health 905-799-7700.
HEPATITIS A

What is Hepatitis A?

Hepatitis A is a liver infection caused by the hepatitis A virus.

What are the Symptoms?

The symptoms usually include fever, loss of appetite, upset stomach and abdominal discomfort. A few days later a condition called jaundice may develop where urine is a dark colour and the skin and whites of the eyes turn yellow.

Some people, particularly young children have no symptoms at all. Symptoms can develop 15-50 days from time of exposure.

How is it Spread?

Hepatitis A virus is found in the stool of someone infected with Hepatitis A. The virus is spread by putting something in the mouth, such as food or water, that has been contaminated with the stool of a person with Hepatitis A (even though it may look clean). People are most infectious a week or two before symptoms occur. Hepatitis A can also be spread directly by oral/anal sex.

What is the Treatment?

As Hepatitis A is a viral infection there is no antibiotic treatment. It is up to your own immune system to fight the infection. Once a person has had Hepatitis A they develop immunity and cannot become infected again.

How Can Hepatitis A be Prevented?

Wash your hands well after using the toilet, changing diapers and always before preparing or eating food.

Oysters, clams and other shellfish should never be eaten raw if they come from areas that are possibly contaminated.

Hepatitis A can be prevented by vaccination.

Hepatitis A is common in areas where there are inadequate sewage and water purification systems. If you are travelling to countries other than Canada, United States, Western Europe, Australia, New Zealand or Japan be immunized. Contact your family doctor or travel agency.

Is the Vaccine Recommended Only for Travellers?

No. The vaccine is also recommended for the following higher risk individuals: people with chronic liver disease; people with clotting-factor disorders; men who have sex with men; injection drug users; residents of communities with repeated outbreaks or very high rates of Hepatitis A; lab workers or animal handlers who work with Hepatitis A infected animals.

What Should I do if I Have Been Exposed to a Person with Hepatitis A?

When a person one year of age or older has been exposed (household or sexual contact) infection may be prevented by giving Hepatitis A vaccine within seven days of last exposure. A second dose should be given six to 12 months later to ensure long-term protection.

Serum Immune Globulin (IG) can also be used and is recommended for infants and those who are immunocompromised. IG may provide protection if given within 14 days of exposure. IG will only provide protection for a recent exposure not future exposures.

If you have any questions, ask your doctor or call Peel Public Health at 905-799-7700. Related website: Canadian Liver Foundation - www.liver.ca
HEPATITIS B (REVISED JUNE 2002)

What is Hepatitis B?

Hepatitis B is a viral infection of the liver. Some people who get hepatitis never feel sick. Others develop flu-like symptoms, such as fatigue and nausea. Some become very ill with fever, abdominal pain, dark urine, clay coloured stools and jaundice (yellowish colour of the skin and eyes). Less than one per cent become severely ill and die. Most people who get Hepatitis B recover completely and are then protected from future infections by their own natural immunity. Some people become carriers of Hepatitis B and require continuing medical follow-up.

What is a Hepatitis B Carrier?

Six to 10 per cent of people with Hepatitis B become chronic carriers. This means they carry the virus in their blood and body fluids for the rest of their life. Carriers look and feel well but can continue to pass the infection to others. Twenty-five per cent of carriers develop cirrhosis (scarring) or cancer of the liver later in life.

How is Hepatitis B Virus Spread?

Hepatitis B is spread to others by contact with infected blood or body fluids (semen, vaginal fluids, saliva). The infected blood or body fluid must enter a break in the skin or be absorbed through a mucous membrane (eyes, mouth, vagina). Hepatitis B can be spread by a bite if infected blood or saliva enters the bloodstream. A carrier mother can pass the virus to her baby during childbirth. All pregnant women must be screened for Hepatitis B as part of their prenatal care. The virus is not spread by water, food, kissing, sneezing or coughing.

Treatment

There is no treatment that can kill the virus. Advances are being made with treatments to help slow down the progress of liver damage.

How to Prevent Hepatitis B

• Have the Hepatitis B vaccine. Peel Public Health provides free vaccine to household and sexual contacts, babies of chronic carriers and Grade 7 students.
• Practice safer sex. Use a latex barrier (condom, dam) every time.
• Never share needles and syringes.
• Never share toothbrushes, razors, nail files or other personal items that may have tiny amounts of blood on them. (The virus lives in dry blood for up to seven days).
• For activities that cut the skin, such as tattooing or ear/body piercing, be sure the equipment is brand new or sterilized.
• Dispose of blood stained articles (tampons, dental floss, bandages) by putting in a tied plastic bag.
• Use routine practices in any situation where blood/body fluids are involved:
  • wear disposable latex gloves to reduce the risk of the fluid entering your body through breaks in the skin
  • clean up blood/body fluids with soap and water
  • then wipe the surface with freshly made bleach solution 1:10 (1/4 cup bleach to 2 1/4 cups water)
  • let this area dry 10 minutes so the bleach will kill any germs left on the surface
  • put blood-soiled materials in a sealed bag first before disposing in the garbage
  • remove gloves and wash hands with soap and water for at least 15 seconds

July 2004 Created by Region of Peel Public Health
HEPATITIS B VACCINE

What is the Vaccine?

There are two preparations of Hepatitis B vaccine in Canada. Both vaccines are yeast based and do not contain any blood products.

When is the Vaccine Necessary?

Hepatitis B screening (blood test) will show if you are susceptible, immune or a carrier of Hepatitis B. This screening is only necessary in certain situations.

- If susceptible, you have never had Hepatitis B and would benefit from Hepatitis B vaccination.
- If immune, you have had Hepatitis B vaccine or the disease in the past and are now protected. Vaccine is not necessary.
- If a carrier, you do not require the vaccine. Hepatitis B vaccine will protect your sexual partners and household contacts.

How Often is the Vaccine Required?

Three (3) doses of the vaccine, given at 0 month, one month, and six months, are needed to provide immunity. Hepatitis B screening (blood test), to check immunity, is recommended in certain situations. Screening is necessary for:

- sexual partners of Hepatitis B carriers
- babies born to carrier mothers

Are There Reasons Not to Receive the Vaccine?

The vaccine is not advised if you are:

- Sensitive to any component of the vaccine — yeast, thimerosal (contact lens solution), mercury, aluminum.
- Currently ill with a high fever, respiratory infection or contagious disease.
- Pregnant. (Vaccination may be considered if at high risk of Hepatitis B).
- Already a carrier or immune.

What are the Side Effects?

No serious reactions have been reported from Hepatitis B vaccine. Minor side effects include:

- redness, soreness or swelling at the needle site
- tiredness, headache
- slight fever

Serious reactions are very rare.

For more information call Peel Public Health at 905-799-7700 and ask for Sexual Health Information or Communicable Disease Program. Or visit our Web site at www.peelregion.ca/health
ADVICE FOR HEP B CARRIERS (REVISED APRIL 2002)

What is Hepatitis B?

Hepatitis B is a viral infection of the liver. Some people who get hepatitis never feel sick. Others develop flu-like symptoms, such as fatigue and nausea. Some become very ill with fever, abdominal pain, dark urine, clay coloured stools and jaundice (yellowish colour of the skin and eyes). Less than one per cent become severely ill and die. There is no antibiotic treatment for this infection. Most people who get Hepatitis B recover completely and are then protected from future infections of Hepatitis B, by their own natural immunity.

What is a Hepatitis B Carrier?

A Hepatitis B carrier is someone who continues to carry the virus in their blood and body fluids for the rest of their life. Most carriers look and feel well but can pass the infection to others. Twenty-five percent of carriers may develop cirrhosis (scarring) or cancer of the liver later in life.

How is Hepatitis B Virus Spread?

Hepatitis B is spread through contact with blood and body fluids (semen, vaginal fluids, saliva) of an infected person. The infectious blood or body fluids containing the virus must enter a break in the skin or be absorbed through a mucous membrane (e.g. eyes, mouth).

Hepatitis B can be spread through a bite when infected blood or saliva enters the others person’s blood stream through the wound.

A carrier mother can pass the virus to her baby during childbirth. All pregnant women must be screened for Hepatitis B as part of their pre-natal care.

Water, food, hugging, kissing, sneezing, or other casual contact does not spread the virus.

Things to do to Prevent Spreading Hepatitis B

- Make sure your sex partner and all the people you live with see their family doctor to be tested and to receive Hepatitis B vaccine if needed. Peel Public Health Department will provide the vaccine free.
- Practice safer sex by using a condom if your partner has not been immunized or is not already immune to Hepatitis B.
- If you are pregnant, make sure your baby receives HBIG (hepatitis B immune globulin) and Hepatitis B vaccine starting on the day of birth. The baby will need more vaccine at one and six months of age.
- Never donate blood or semen.
- Don’t share personal items like razors, toothbrushes or nail files that may have tiny amounts of blood on them. The virus lives in dry blood for up to seven days.
- If you have a situation where blood is present (such as a cut or nosebleed) be sure anyone helping you wears protective gloves.
- Clean spills of blood with soap and water, then wipe the area with a freshly made bleach solution (1/4 cup of bleach to 2 1/4 cups of water). Leave the solution in contact with the surface for at least 10 minutes. The bleach will kill any virus left on the area.
- Safely dispose of blood stained articles (tissue, dental floss, bandages, menstrual pads) by putting them in a plastic bag and tying.
- Do not kiss other people’s open cuts or sores.
- Do not share injection drug use equipment, such as needles, syringes, and spoons with anyone.
If you plan to have body piercing or a tattoo done make sure you use a professional artist. Do not share piercing or tattoo needles.

Keep your own cuts and sores covered, especially in the workplace.

**Things to do to Keep Healthy**

- See your doctor regularly for ongoing medical follow-up.
- Try to avoid alcohol as it can further damage your liver.
- Maintain healthy eating habits.
- Get adequate rest and regular exercise.

**For additional information please call:**
Peel Public Health at 905-799-7700 and ask for sexual health information or communicable disease information

www.peelregion.ca/health

Canadian Liver Foundation 416-491-3353

www.liver.ca
SECTION: IMMUNIZATION RECORD REQUIREMENTS FOR CHILDREN

KEEPING IMMUNIZATION RECORDS

Keeping accurate, up-to-date records for the children in your care is a very important, legislated part of your job. It is a requirement of the Day Nurseries Act to help ensure a healthier environment for everyone.

The secret to managing this kind of paperwork is to do it on a regular basis. The monthly return of immunization forms and records will facilitate this process. Make sure you comply with all requirements when registering a new child. Update records as information changes and keep your desk clear and centre healthy.

LEGISLATION

Day Nurseries Act, 1990
SECTION: IMMUNIZATION RECORD REQUIREMENTS FOR CHILDREN

IMMUNIZATION REQUIREMENTS OF THE DAY NURSERIES ACT (1990)

The Medical Officer of Health requires that every child attending a licensed child care centre has up-to-date immunization against diphtheria, pertussis, tetanus, polio, measles, mumps, rubella and haemophilus influenzae type b (Hib).

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<th>Age</th>
<th>Diphtheria</th>
<th>Pertussis</th>
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1. Measles, Mumps and Rubella (MMR) must be given after the first birthday.
2. These vaccines can be given as early as 12 months.
3. Polio vaccine can be IPV or OPV. Children with immunization records from other countries may have OPV (oral vaccine) recorded.
4. Haemophilus influenzae type b (Hib). Hib is routinely given to children under five (5) years of age.
5. MMR- Dose #2 must be given a minimum of 29 days after Dose #1.
6. If child has not had the Meningococcal Conjugate vaccine (at one year of age), then he/she can receive the vaccine at 12 years of age in grade 7, or 15 through 19 years of age.
7. Although only Diphtheria and Tetanus are required, Pertussis vaccination is also recommended at this time. Therefore, vaccination with dTaP (Diphtheria, Tetanus and Acellular Pertussis) may be offered and is publicly funded.
8. Children who have not had chicken pox disease or the Varicella vaccine when they were 15 months old are eligible to receive Varicella vaccine at five years of age.

*Voluntary vaccinations: Check with your physician or call Peel Public Health at 905-799-7700 for more info.
SECTION: IMMUNIZATION RECORD REQUIREMENTS FOR CHILDREN

The following vaccines are recommended but are not mandatory:

- Pneumococcal conjugate
- Meningococcal conjugate
- Varicella (chickenpox)
- Hepatitis B
- Influenza

*Refer to the Routine Immunization Schedule (p.3-2) to determine the ages at which each vaccine is publicly funded.

The regulations governing the immunization requirements are identified in the Day Nurseries Act. R.R.O. 1990, Reg. 262, consolidated to O. Reg. 14/02, s.33 and 48.

Section 33 States:

(1) Every operator shall ensure that before a child is admitted to a day nursery operated by the operator or to a location where private-home day care is provided by the operator, and from time to time thereafter, the child is immunized as recommended by the local medical officer of health.

(2) Subsection (1) does not apply where a parent of the child objects in writing to the immunization on the ground that the immunization conflicts with the sincerely held convictions of the parent's religion or conscience or a legally qualified medical practitioner gives medical reasons in writing to the operator as to why the child should not be immunized.

Section 48 States:

(1) Every operator shall ensure that up-to-date immunization records are available for inspection by a program adviser at all times and are kept on the premises of a day nursery or private-home day care agency operated by the operator in respect of each child enrolled.

In the Region of Peel, operators must collect and provide to Peel Public Health upon request, immunization information as well as the following information as stated in the amendment to Section 48 (6) of the Day Nurseries Act:

Section 48 States:

(6) Every operator shall ensure that,

(a) the medical officer of health or his or her designate, upon producing proper identification, is permitted to inspect the records referred to in clauses (1) (b), (c), (f), (g) and (j);

(b) copies of those records are provided to him or her on request.

The records referred to in Section 48 include:

(1) (b) name, date of birth, [gender] and home address of the child,

(c) names, home addresses and telephone numbers of the parents/[guardian] of the child;

(f) name, address, and telephone number of the child’s family physician;

(g) the name and number shown on the child’s health insurance identification card (i.e. Ontario Health Card Number).
EXEMPTIONS FROM IMMUNIZATION

The following exemptions apply to any of the immunizations required by the Medical Officer of Health under the *Day Nurseries Act*, R.R.O. 1990, Reg. 262, consolidated to O.Reg. 14/02.

1. **Statement of Medical Exemption**

   There may be circumstances when a child cannot be immunized due to medical problems such as cancer or immune system illness.

   The *Statement of Medical Exemption* form can be obtained from Peel Public Health by the parent/guardian of a child seeking an exemption from the immunization requirements for medical reasons. A qualified physician must complete and sign the *Statement of Medical Exemption* form.

2. **Statement of Conscience or Religious Belief Affidavit**

   A child may be exempted from the immunization requirements if immunization conflicts with the religious or philosophical beliefs of the parent.

   The *Statement of Conscience or Religious Belief* form can be obtained by the parent/guardian from Peel Public Health. This statement must be signed by the parent and sworn before a commissioner of oaths (e.g. notary public, justice of the peace, lawyer).

   Exemption forms can be obtained by calling Peel Public Health at 905-799-7700.

   **Note:** Children who are exempted from immunization requirements or who have incomplete immunization records will be excluded from attending the child care centre during an outbreak of a vaccine preventable disease (e.g. measles, pertussis, etc.) for their own protection until the Medical Officer of Health deems the outbreak is over.

3. **Temporary Exemption**

   A child may be temporarily exempt from immunization requirements if the child is ill or on certain medications during the eligible immunization period.

   A temporary exemption is valid for 30 days.

   A temporary exemption or more information on temporary exemptions can be obtained by calling Peel Public Health at 905-799-7700.
SECTION: IMMUNIZATION RECORD REQUIREMENTS FOR CHILDREN

DATA COLLECTION OF IMMUNIZATION RECORDS IN LICENSED CHILD CARE CENTRES

Peel Public Health will:

- Print, distribute and collect *Immunization Records for Child Care Facility* forms for each new registrant
- Maintain an up-to-date immunization database on IRIS (Immunization Records Information System) for each registered child
- Issue a *Notice of Incomplete Immunization* form for each child two years of age and older without age appropriate immunization coverage
- Assist parents requesting information about exemption from the requirement of the *Day Nurseries Act* for immunization
- Assist parents requesting information about immunization
- Issue an immunization reminder and a second copy of the *Notice of Incomplete Immunization* form to any child who does not return the initial form
- Issue a centre specific *certificate* of immunization coverage rates at the completion of the record assessment process on a yearly basis
- Provide a list of children whose immunization records are incomplete at the completion of the record assessment

The Operator will:

- Distribute an *Immunization Records for Child Care Facility* form to the parent of each new registrant
- Distribute copies of the *Immunization Records for Child Care Facility* forms as follows:
  - Yellow: Child’s file at child care centre
  - White: Send to Peel Public Health at the end of each month (Regional Centres may courier to Peel Public Health; Private Centres may mail to Peel Public Health)

Peel Public Health
Immunization Program
44 Peel Centre Drive, Suite 102
Brampton, ON L6T 4B5

- Inform parents of the requirements of the *Day Nurseries Act, 1990*
- Provide the telephone number of Peel Public Health at 905-799-7700 for immunization inquiries and for parents requesting an exemption to the requirements for reasons of conscience, religion or for medical reasons
- Advise parents to return completed immunization forms to Peel Public Health
- Distribute notices of incomplete immunization from Peel Public Health
- Distribute reminders and a second copy of incomplete immunization as required
- Call Peel Public Health at 905-799-7700 for more forms
SECTION: IMMUNIZATION RECORD REQUIREMENTS FOR CHILDREN

The Parent will:

- Notify Peel Public Health whenever their child receives any vaccine
- Return the completed *Immunization Records for Child Care Facility* form to the child care centre
- Return any *Notice of Incomplete Immunization* forms directly to Peel Public Health by:
  - fax: 905-458-9217
  - Peel Public Health at: 905-799-7700
  - mail with a photocopy of the child’s immunization record to:

  **Peel Public Health**
  **Immunization Program**
  **44 Peel Centre Drive, Suite 102**
  **Brampton, ON L6T 4B5**
**SECTION: IMMUNIZATION RECORD REQUIREMENTS FOR CHILDREN**

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<th><strong>Health Department</strong></th>
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<td>Provide a copy of <em>Keep on Track A Health and Resource Guide for Child Care Providers with Immunization Records for Child Care Facility</em> forms.</td>
<td></td>
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<tr>
<td></td>
<td>Distribute <em>Immunization Records for Child Care Facility</em> form to all parents and then on an ongoing basis to all new registrants. (Pg 3-8)</td>
</tr>
</tbody>
</table>
| Enter immunization information onto database.                                        | Collect forms *
|                                                                                       | • place yellow copy on child’s file at the centre <br>• return white copy to Peel Public Health monthly.                                                 |
| Prepare *Notice of Incomplete Immunization* form for any child with incomplete immunization two years of age and older. |                                                                                                                                                         |
| Send *Notice of Incomplete Immunization* forms and alphabetical list to child care centre.                                                  | Distribute *Notice of Incomplete Immunization* forms to parents of child.                                                                                |
|                                                                                                                                               | Advise parents to return forms to Peel Public Health by phone/fax/mail as per procedure.                                                              |
|                                                                                                                                               | Answer parent’s questions if possible. Direct facility and parent inquiries to *Peel Public Health* at 905-799-7700.                                    |
| Provide professional telephone counselling via Communicable Diseases Divisional Call Centre.                                                 |                                                                                                                                                         |
| Enter immunization information in the database.                                       |                                                                                                                                                         |
| Send reminder and a second copy of *Notice of Incomplete Immunization* forms.                                                                 | Distribute reminders and second copy of *Notice of Incomplete Immunization* forms                                                                    |

(Continued on next page)
Enter immunization information in the database. File hard copy of exemption form for future reference.

Provide child care centre with a certificate indicating immunization coverage rates for the centre and a list of any children with outstanding immunization.

Parents with questions about their child’s immunization requirements or records can be provided with a photocopy of *Immunization Information — A Guide for Parents* (Appendix 3) and/or a copy of the pamphlet *Immunization — A Lifetime Investment* (see plastic sleeve). Copies of this pamphlet may be obtained by calling Peel Public Health at 905-799-7700. Parents can also call Peel Public Health at 905-799-7700 with any additional questions.
SECTION: IMMUNIZATION RECORD REQUIREMENTS FOR CHILDREN

EXEMPTION FROM THE REQUIREMENTS OF THE DAY NURSERIES ACT

Peel Public Health will:

✓ Print, distribute, collect and maintain the original completed copy of all exemption forms (Statement of Conscience or Religious Belief Affidavit and Medical Exemption - Temporary Exemptions)

Note: The original copy must be kept by Peel Public Health and will follow the child as they enter school.

✓ Complete necessary follow-up with physicians as required

✓ Order the director of the child care centre to exclude exempted children during outbreaks of vaccine preventable diseases until the Medical Officer of Health deems the outbreak is over

✓ Issue an Immunization Program Exemption from Immunization Requirements form to the operators when the Statement of Conscience or Religious Belief Affidavit or Medical Exemption form has been completed

The Operator will:

✓ Advise parents requesting an exemption from the immunization requirements of the Day Nurseries Act to call Peel Public Health at 905-799-7700.

✓ Advise parents to return the completed exemption forms to:

Peel Public Health
Immunization Program
44 Peel Centre Drive, Suite 102
Brampton, ON L6T 4B5

✓ Keep the Immunization Program Exemption from Immunization Requirements form on the child’s file at the child care centre.

Note: Parents can change their minds about Statement of Conscience exemptions and have their child immunized at any time.
SECTION: IMMUNIZATION RECORD REQUIREMENTS FOR CHILDREN

TIPS FOR ASSESSING IMMUNIZATION RECORDS

Immunization of children and staff is necessary to protect both children and caregivers in your centre against vaccine preventable diseases. In order for a child to attend your centre, parents must provide either proof of their child’s immunization against these diseases or the appropriate exemption forms.

When a Child Registers at Your Child Care Centre:

• Ensure the parent is supplying a valid immunization card. Most immunization records are yellow, although the child may have a different coloured card (e.g. white or blue), especially if they are coming from another province or country.
• Ensure the record has dates that are legible.
• Ensure the card has the name, date of birth and Ontario Health Card Number of the child who is registering.

Assessment of an Immunization Record for Mandatory Vaccines:

1. The Primary Series
   The first needle that an infant receives contains protection against five diseases: diphtheria, pertussis, tetanus, polio and haemophilus influenzae b. This is given at two months and is repeated at four and six months of age.

2. The One-Year Needle
   All children require protection against measles, mumps and rubella. The first injection (two doses are required) is given to children at one year of age. It is important to note that this needle must be given after their first birthday. According to the Ontario Ministry of Health, if it is given earlier, it is not valid and must be repeated.

3. The Eighteen-Month Booster
   All children require a booster of diphtheria, pertussis, tetanus, polio and haemophilus influenzae b at eighteen months of age. This one needle contains all five components.
   The second dose of measles, mumps, and rubella should also be given at this time.

4. The Four to Six Year Needle
   Between the ages of four and six years of age, children require a booster for diphtheria, pertussis, tetanus and polio. This needle can be given any time between the ages of four and six. It does not have to be given prior to enrolling in elementary school.

Voluntary Vaccines:
You may see records which may include the following vaccines:
   • Hepatitis B
   • Influenza
   • Varicella
   • Pneumococcal Conjugate
   • Meningococcal Conjugate

You may find that some children will have slight variations in the timing of their injections. If you have an immunization record that you are having trouble interpreting, call Peel Public Health at 905-799-7700 and a public health nurse will be able to provide you with assistance.
SECTION: IMMUNIZATION RECORD REQUIREMENTS FOR CHILDREN

It is the responsibility of the parent to keep an immunization record of the child, to ensure that each immunization received is recorded on the yellow immunization card and to contact Peel Public Health whenever a vaccine has been administered to the child.

<table>
<thead>
<tr>
<th>Age</th>
<th>Diphtheria</th>
<th>Pertussis</th>
<th>Tetanus</th>
<th>Polio - IPV or OPV</th>
<th>Hib</th>
<th>Measles</th>
<th>Mumps</th>
<th>Rubella</th>
<th>Hepatitis B</th>
<th>Influenza</th>
<th>Varicella</th>
<th>Pneumococcal Conj</th>
<th>Meningococcal Conj</th>
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<td>4-6 yrs⁵ &amp; ⁸</td>
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</table>

1. Measles, Mumps and Rubella (MMR) must be given after the first birthday.
2. These vaccines can be given as early as 12 months.
3. Polio vaccine can be IPV or OPV. Children with immunization records from other countries may have OPV (oral vaccine) recorded.
4. Haemophilus influenzae type b (Hib). Hib is routinely given to children under five (5) years of age.
5. MMR- Dose #2 must be given a minimum of 29 days after Dose #1.
6. If child has not had the Meningococcal Conjugate vaccine (at one year of age), then he/she can receive the vaccine at 12 years of age in grade 7, or 15 through 19 years of age.
7. Although only Diphtheria and Tetanus are required, Pertussis vaccination is also recommended at this time. Therefore, vaccination with dTaP (Diphtheria, Tetanus and Acellular Pertussis) may be offered and is publicly funded.
8. Children who have not had chicken pox disease or the Varicella vaccine when they were 15 months old are eligible to receive Varicella vaccine at five years of age.

*Voluntary vaccinations: Check with your physician or call Peel Public Health at 905-799-7700 for more info.
SECTION: IMMUNIZATION RECORD REQUIREMENTS FOR CHILDREN

IMMUNIZATION CLINIC SERVICES FOR NEW IMMIGRANTS TO CANADA

Peel Public Health offers free immunizations for children who are new immigrants to Canada who require a record of immunization to be registered into child care or school. In order to make an appointment at the clinic, the child must:

- be new to Canada
- be attempting to register for child care or school
- have no Ontario Health Card
- be at least one year of age
- have no record of immunization from their country of origin
SECTION: IMMUNIZATION RECORD REQUIREMENTS FOR CHILDREN

RESOURCES

1. *Immunization Records for Child Care Facility*. This is a sample of the form you are required to distribute to all children in your centre. (see plastic sleeve).

2. *Notice of Incomplete Immunization* sample form. This form will be sent to the parent/guardian of any child with incomplete immunization (see plastic sleeve).

3. Sample *Immunization Program Exemption from Immunization Requirements* (see Appendix #1).

4. Sample *certificate* to indicate percentage of children with complete immunization (see Appendix #2).

5. *Immunization Information Sheet — A Guide for Parents* (see Appendix #3).
CONFIRMATION OF EXEMPTION FROM IMMUNIZATION REQUIREMENTS

February 23, 2006
Date Issued

Student’s Name

Date of Birth

Please be advised that the above named child/student has provided Peel Public Health with information that exempts him or her from the immunization requirements of the Immunization of School Pupils Act or the Day Nurseries Act. The student may now attend school or day care.

Please feel free to contact me should you have any questions.

Thank you.

IMMUNIZATION PROGRAM STAFF

Peel Public Health
905-791-7800 Ext.
Peel Health

Immunization Records

The Ontario Ministry of Health goal is to have 95% of children in licensed facilities with up to date vaccination.

100% of children over 2 years at

____________________

have up-to-date immunization.

Dated: _____________________________

Medical Officer of Health
THE ONTARIO MINISTRY OF HEALTH GOAL IS TO HAVE 95% OF CHILDREN IN LICENSED FACILITIES WITH UP TO DATE VACCINATION.

100% OF CHILDREN OVER 2 YEARS AT _______________________ HAVE UP-TO-DATE IMMUNIZATION.

DATED: ______________________ Medical Officer of Health
Appendix #2

IMMUNIZATION RECORD CERTIFICATE (CENTRE)

Peel Health

Immunization Records

The Ontario Ministry of Health goal is to have 95% of children in licensed facilities with up to date vaccination.

100% of children over 2 years at __________________________

have up-to-date immunization.

Dated: __________________________  Medical Officer of Health
FOOD SAFETY

Food Safety is an important issue for child care providers. Why?

Children under five years of age are especially susceptible to foodborne illness, which can cause serious illness, even death.

Children in diapers present special sanitation and health concerns. For example, illness originally caused by foodborne bacteria can easily be spread by diapered children with diarrhea.

LEGISLATION

The following legislation contains the minimum standards your centre must follow to ensure the safety of the food you prepare and serve.

Day Nurseries Act
Health Protection and Promotion Act
Food Premises Regulation (Ontario Regulation 562)
Occupational Health and Safety Act
SECTION: FOOD AND DRINKING WATER SAFETY

FOOD SAFETY

Peel Public Health’s Public Health Inspectors will:

- Approve construction plans for the food premises area of new and renovating centres
- Inspect your centre’s kitchen
- Check for the safe food preparation, maintenance, storage, sanitation, personnel hygiene and service standards contained in the Food Premises Regulation
- Take a water sample when a centre’s source of drinking water is a private well
- Investigate concerns filed with the health department about food safety, food allergies and other public health issues in your centre
- Investigate outbreaks of illness that may be related to food, water or animals
- Offer food safety educational materials
- Provide advice about food safety over the telephone
- May issue a summons to court for non-compliance with the Food Premises Regulation and/or the Health Protection and Promotion Act

In Addition:

- A food safety certification course is available
- Food safety, sanitation and handwashing presentations can be arranged through your Public Health Inspector

The Operator will:

- Comply with the Food Premises Regulation and the directions given by the Public Health Inspector
- Encourage food preparation staff to receive training in safe food preparation
- Periodically submit a sample of water for testing when a centre’s drinking water supply is a private well. This sampling should be in addition to any sample taken by your Public Health Inspector. For more information about drinking water sampling refer to the “drinking water” sub-section that is outlined on the following pages.
- Ask your Public Health Inspector for assistance when you have a food safety concern
ENSURING FOOD SAFETY

Getting Started Checklist ...

- Your centre will need a calibrated metal-stemmed probe thermometer
- All refrigerators and freezers for food storage must have an accurate indicating thermometer
- Know what foods your centre serves that might be potentially hazardous. This includes foods such as: meat, poultry, fish, shellfish, dairy products, eggs, cooked rice dishes, mixed salads and gravies.

- Keep all potentially hazardous foods out of the temperature danger zone, the range of temperatures between 4°C (40°F) and 60°C (140°F)
- Keep hot foods hot at 60°C (140°F) or hotter and cold foods cold at 4°C (40°F) or colder.

- Keep raw meat, raw poultry, raw seafood and their juices away from ready-to-eat foods to prevent cross contamination

- Sanitize equipment, work surfaces, wiping cloths and sponges regularly to prevent cross contamination. A mild bleach solution may be used. Mix 63 mL (1/4 cup) of bleach in 4.5 L (1 gallon) of water. For a smaller quantity, mix 5 mL (1 tsp.) of bleach in 750 mL (3 cups) of water.
SECTION: FOOD AND DRINKING WATER SAFETY

Purchasing/Shopping Checklist ...

- Buy food that is of the highest quality possible from a reputable supplier
- Foods brought from home such as breast milk, formula or other food must be stored and labelled properly. Label with the child’s name and the date the bottle or food was prepared
- Have a policy about food brought from home for special occasions such as a party
- Check labels for best before and use-by dates
- Do not buy or accept any food in damaged wrappers, dented cans or broken packages
- Potentially hazardous foods should not be in the temperature danger zone
- Frozen foods should be frozen solid
- Buy only pasteurized milk and pasteurized apple cider

Storing Checklist ...

- Make sure all food is labelled and dated when received
- Practice the first in first out (FIFO) system of stock rotation; place new stock at the back, older stock near the front
- Refrigerators must be kept at 4°C (40°F) or lower
- Keep a refrigerator thermometer in the refrigerator
- Place raw meat, poultry or seafood below ready-to-eat food; this prevents the raw juices from getting into ready-to-eat foods
- Freezers must be kept at -18°C (0°F) or colder
- Keep a freezer thermometer in the freezer
- Check the temperature of the refrigerator and freezer at least once a day
- Foods in dry storage (sugar, cereal, rice, etc.) must be:
  - Stored in pest-proof containers with tight-fitting lids that are labelled
  - Kept at least 15 cm (six inches) off the floor
- Store cleaning products and other chemicals carefully, away from food and out of the reach of children, preferably in a locked cabinet
SECTION: FOOD AND DRINKING WATER SAFETY

Thawing Checklist...

Use One of These Methods:

- Thaw in refrigerator at 4°C or lower. Place food on a tray located it on the bottom shelf. You will need to plan ahead when using this method.
- Under cold running potable water. Remember to clean and sanitize the sink used for thawing when using this method.
- In the microwave oven, only when food will be cooked immediately.
- Cook from frozen. Foods like frozen vegetables can be done this way. However, cooking time will need to be increased.

Preparation Checklist ...

- Wash hands with soap and water at the designated handwashing basin in the kitchen
- Clean and sanitize all work surfaces and equipment that food touches
- Use a sanitizer that is safe for food contact surfaces; always mix according to the manufacturer’s recommendation
- Keep food out of the temperature danger zone as much as possible
- Work with pre-chilled ingredients whenever possible. For example, chill the can of tuna before opening, chill the boiled eggs before making egg salad, chill cooked pasta before making pasta salad.
- Prepare food as quickly as possible and as close to serving time as possible
- Wash all fresh fruits and vegetables under cool running water before serving or before cooking
- Remove any seeds or bones before serving
SECTION: FOOD AND DRINKING WATER SAFETY

Cooking/Reheating checklist ...

☐ Cook meat, ground meat, poultry, seafood and eggs (and dishes containing any of these foods) thoroughly

☐ Use a metal stemmed probe thermometer to make sure meats are cooked to a safe internal temperature

The following are the internal temperatures to which hazardous foods must be cooked:

☐ Whole chicken 82°C (180°F) for at least 15 seconds

☐ Food mixtures containing poultry, egg, meat, fish or other hazardous foods 74°C (165°F) for at least 15 seconds in all parts of the mixture

☐ Poultry other than whole (e.g., legs, wings, etc.), ground poultry, ground meat containing poultry 74°C (165°F) for at least 15 seconds

☐ Pork and pork products, ground meat other than ground meat containing poultry (e.g., ground beef, ground pork) 71°C (160°F) for at least 15 seconds

☐ Fish (cooked) 70°C (158°F) for at least 15 seconds

☐ Fish intended to be consumed raw (e.g. sushi) must be frozen at -20°C (-4°F) or below for seven days or frozen at -35°C (-31°F) or below for 15 hours

☐ Other potentially hazardous foods such as roast beef, lamb or goat 60°C (140°F)

☐ Reheat hazardous foods to the required minimum internal cooking temperature within two hours. The exception is whole poultry. Whole poultry must be reheated to 74°C (165°F) for at least 15 seconds within two hours

Holding Food for Service Checklist ...

☐ Hold hot foods hot at 60°C (140°F) or hotter

☐ Hold cold foods cold at 4°C (40°F) or colder
SECTION: FOOD AND DRINKING WATER SAFETY

Cooling Checklist ...

- Cool foods rapidly to 4°C (40°F) or lower. Here are a few suggestions to help you cool solid and liquid foods rapidly:

  **Solids** (meat, etc.)
  - Cut foods into smaller portions
  - Portion into shallow pans
  - Refrigerate or freeze as soon as possible

  **Liquids** (soup, gravies, etc.)
  - Divide into smaller portions in shallow pans
  - Pre-cool liquids in an ice bath before refrigerating
  - Stir foods as they cool; this helps to speed the process
  - Refrigerate or freeze as soon as possible

Serving Food Checklist ...

- Children must wash their hands before eating
- Caregivers must wash their hands before serving food and before assisting a child with eating
- Use a utensil to serve food; use a different utensil for each type of food
- Children should not be allowed to share food
- Cut foods to the right size for the children
- Do not feed a child directly from a jar of baby food

Leftovers Checklist ...

- It is best to plan the amount of food needed and avoid excessive leftovers
- Cool leftovers quickly by dividing into small portions before putting into the refrigerator or freezer
- Cover leftovers and refrigerate or freeze as soon as possible
- Try to use leftovers within 24 hours
- Do not save leftover formula or milk from a bottle that has been served to a child
- If food is leftover a second time, throw it out
SECTION: FOOD AND DRINKING WATER SAFETY

Doing the Dishes...

You will need one of these:

- A commercial mechanical dishwasher that meets the requirements of the Food Premises Regulation or,
- A three-compartment sink of such length, width and depth to allow complete immersion of the utensils and equipment
SECTION: FOOD AND DRINKING WATER SAFETY

STEPS IN THE THREE-COMPARTMENT SINK METHOD FOR DISHWASHING

1. Pre-scrape and pre-rinse.

2. Wash in the first sink using a clean detergent solution and clean hot water. If the suds are gone or the water gets dirty, change it!

3. Rinse in the second sink using clean hot water at 43°C (110°F). It is important to completely rinse off the detergent. If the detergent is not rinsed off, the sanitizer will not work properly.

4. Sanitize in the third sink by immersing the dishes and utensils for at least 45 seconds and use one of the following:
   - A 100 ppm solution of chlorine bleach
   - A 200 ppm solution of quaternary ammonium (quat)
   - A 25 ppm solution of an iodophor (iodine)

5. Air dry.

Addendum:

Well Beings refers to the use of a domestic dishwasher. Peel Public Health, Public Health Inspectors enforce the requirements of the Food Premises Regulation in your centre. Therefore, a domestic dishwasher is not acceptable for the cleaning and sanitizing of multi-service utensils and equipment in your centre.
SECTION: FOOD AND DRINKING WATER SAFETY

TWO-COMPARTMENT SINK DISHWASHING METHOD

A Two-Compartment Sink Can Only be Used for the Cleaning and Sanitizing of Pots, Pans and Cooking/ Preparation Utensils.

Steps in the Two-Compartment Sink Method:
1. Pre-scrape and pre-rinse.
2. **Wash and Rinse.** Use the first sink to both wash and rinse.
   - Wash using warm water and a clean detergent solution.
   - If the suds are gone or the water is dirty, **change it!**
   - Rinse under the tap allowing the rinse water to run into the wash water sink.
   - If the detergent is not rinsed off, the sanitizer will not work properly.
3. **Sanitize.** Use the second sink to sanitize.
   - Use clean hot water at a minimum of 77°C (171°F) for 45 seconds or
   - 100 ppm chlorine at a minimum temperature of 24°C (75°F) for 45 seconds or
   - 200 ppm quaternary ammonium at a minimum of 24°C (75°F) for 45 seconds or
   - 25 ppm iodine at a minimum of 24°C (75°F) for 45 seconds.
   - Test strips are available for checking the concentration of chemical sanitizers.
4. **Air dry.**
SPECIAL FOOD SAFETY SITUATIONS

Suspected Foodborne Illness (Food Poisoning)

If you suspect a staff member or one or more of the children has a foodborne illness, they should see a doctor.

Report any suspected foodborne illness as soon as possible to a Public Health Inspector at the Peel Public Health, Environmental Health office serving the area where your centre is located.

Using a Caterer

- If your centre uses a caterer, make sure the caterer is inspected by the Health Department. Call your Public Health Inspector for information.
- Only serve food that has been transported promptly in clean, covered containers such that hot food is delivered hot, 60°C (140°F) or hotter and cold food is delivered cold, 4°C (40°F) or lower.
- Food containers must be either disposable or made of a material that is non-absorbent and easily cleaned, such as stainless steel.
- Use a food probe thermometer to check the temperature of food as soon as it arrives at your centre.

What if the Power Goes Out?

- Keep the door to the refrigerator and freezer closed as much as possible.
- A full freezer will keep food frozen for about two days.
- A half-full freezer will keep food frozen for about one day.
- The refrigerator section will keep food cool for about four to six hours.
- Check the temperature of food with your probe thermometer when the power resumes.
- Check the temperature inside the refrigerator with a refrigerator thermometer.
- You can refreeze any frozen food that contains ice crystals.
- Do not refreeze any food that has completely thawed unless you cook it first.
- It is safe to cook food that has thawed as long as it did not warm to above 4°C (40°F) and the food is cooked to the proper cooking temperature.
- Throw out any perishable food that has risen to 4°C (40°F) or warmer for more than four hours.
- Discard any food that has a strange colour or odour.

Remember – when in doubt, throw it out!
SECTION: FOOD AND DRINKING WATER SAFETY

FOOD ALLERGY – ALLERGY SAFE FOOD PREPARATION

Establish a food allergy policy for your centre. Remember the food allergic person’s best defence from a life-threatening reaction is to avoid that particular food or ingredient.

To Make Your Kitchen Food Allergy Safe, Follow These Food Safety Tips:

- Check ingredient listings whenever possible.
- Be sure all food products are labelled with common names of ingredients whenever possible.
- Store foods containing common allergy-causing ingredients away from other foods. For example, do not place cookies containing peanuts in the same container as cookies without peanuts.
- Store common allergy causing foods and ingredients in separately labelled containers in both the fridge and dry storage areas.
- Always wash hands before preparing and handling food and when switching the types of food being prepared.
- Thoroughly clean and sanitize work and cooking surfaces, utensils and any equipment that touches food. Remember, very small amounts of food can cause an allergic reaction for some people.
- Use separate cooking equipment and utensils when preparing food for people with food allergies.

Ingredient Information:

Sometimes commercially prepared foods do not have accurate ingredient information on the label. If you suspect that a commercially prepared food has been mislabelled, report this information to the Environmental Health Division of Peel Public Health immediately. A product recall may need to be initiated to protect those with food allergies.

Medical Emergencies:

In case of a medical emergency, make sure all staff are aware of emergency procedures.

For information about the nutritional implications of a food allergy refer to the “Feeding Healthy Babies and Preschoolers” section of this manual.
Picnics and Outings

Summertime picnics and outings can be lots of fun and are good for the appetite. However, the risk of food poisoning can also be greater in the summertime.

When going on picnics and outings, choose foods that keep well such as fresh fruits and vegetables, bread, processed cheeses, canned and tetra-packed drinks.

Insulated coolers containing freezer packs or bags of ice will help food stay cold. Food should be cold before packing it into the cooler.

Pack frequently requested items like drinks and snacks separately from the main course. This will help keep the main course cold by avoiding frequent opening of the container.

Never leave food that can spoil in a car.

You and your children will need to thoroughly wash your hands before handling and eating food. If running water will not be available, bring along a container or urn of water for handwashing and some liquid soap in a dispenser. A supply of moist towelettes or liquid hand sanitizer is also recommended.

Do not take food out of the cooler until you are ready to eat.

Protect food from flies and dirt by keeping it covered or wrapped.

Discard any leftover perishable foods that have remained unprotected and unrefrigerated for more than one hour.
DRINKING WATER

Drinking water must meet the standards required under the Ontario Drinking Water Objectives.

LEGISLATION

Ontario Drinking Water Objectives
Health Protection and Promotion Act
SECTION: FOOD AND DRINKING WATER SAFETY

PRIVATE DRINKING WATER

Peel Public Health’s Public Health Inspectors are Able to Make Available:

- Drinking water sampling bottles for microbiological, nitrate and fluoride testing of private drinking water supplies
- Information about how to take a water sample
- Interpretation of laboratory results and advice

If Serviced by a Private Well, the Operator Should:

- Have the well water tested on a regular basis
- Discuss water test results with a Public Health Inspector

MUNICIPAL DRINKING WATER

For information about the level of fluoride in your municipal drinking water and community wells, contact the Region of Peel, Public Works at 905-791-7800 ext. 4845.

The fluoride level in Region of Peel municipal drinking water is checked constantly and has never exceeded the level recommended by the Ontario Drinking Water Objectives.

PRIVATE DRINKING WATER SUPPLIES

For those on a private well, the Peel Public Health Environmental Health Division has special water sampling bottles available for testing both fluoride and nitrate levels. Sampling bottles for the bacteriological analysis of private drinking water are also available upon request. The Ministry of Health Public Health Laboratory will analyze the sample and send a report to you. Public Health Inspectors can assist you with the interpretation of the laboratory results and provide advice.

If you notice any change in the appearance, taste or odour of the water, contact your Public Health Inspector immediately.
RESOURCES

1. Copies of the laws described in this section may be purchased from:

   Publications Ontario
   880 Bay Street
   Toronto, ON M7A 1N8
   416-326-5300

2. Resources available from Peel Public Health:
   - Fact Sheets/Pamphlets:
     - Keep Your Children Healthy — Serve Safe Food — You Be the Inspector
     - Lunch Bag Food Safety
     - Food Safety for the Days of Summer
   - Chemical Testing of Your Well Water
   - Signs to post:
     - Safe Food Temperatures
     - Cook Foods Safely
     - Dishwashing - 3 Compartment Sink Method
     - Cleaning and Sanitizing: Pots, Pans and Cooking/Preparation Utensils in a Two-Compartment Sink
     - Let’s Wash Our Hands!
     - Correct Handwashing Procedure
     - Food Safety: It’s in Your Hands
     - Did You Wash Your Hands? Do It Now!!
     - Storage Chart (Fight Bac!)
   - Stickers: Temperature stickers (Minus 18°C or colder, 4°C or colder, 60°C or hotter) are available for use on refrigerators, freezers, etc.
   - A full-day food safety certification course is offered by Peel Public Health on a regular basis. Call your Public Health Inspector for the date and location of the next course.
   - Peel Public Health Public Health Inspectors are available to conduct food safety presentations to the staff of your centre by appointment. Please allow for at least three weeks notice.

   (available from your Public Health Inspector)
SECTION: FOOD AND DRINKING WATER SAFETY

4. Resources available from the Canadian Food Inspection Agency:
   - Food Safety Tips for Bagged and Boxed Lunches
   - Food Safety Tips for Using Food Thermometers

   Order from:
   Canadian Food Inspection Agency
   Public Affairs
   59 Camelot Drive
   Nepean, ON K1A 0Y9

5. Storage Chart for refrigerators and freezers: www.canfightbac.org

6. For more information about food safety, or to obtain a copy of one of our publications, call the Public Health Inspector serving your centre at Peel Public Health at 905-799-7700. Water sampling bottles and information about private drinking water supplies are also available from the following Peel Public Health, Environmental Health locations:

   In Brampton/Caledon:                                               In Mississauga:
   Peel Public Health                                                 Peel Public Health, Crestwood Centre
   44 Peel Center Drive, Suite 102                                   3038 Hurontario St., 3rd Floor
   Brampton, ON L6T 4B5                                              Misissauga, ON L5B 3B9

   Call toll free from Caledon area 905-584-2216
   Check the Peel Public Health web site at www.peelregion.ca/health
SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

THE IMPORTANCE OF HEALTHY EATING FOR PRESCHOOLERS

Food is more than just something to eat! Food is important for children because:

- Children grow and develop more rapidly during the first three years than at any other time of life.
- As children learn to feed themselves, they are developing motor skills. Consuming food provides learning opportunities.
- Variety is the spice of life! Young children are curious and want to try new foods. Studies show that children who have experienced a variety of food tastes, textures and colours when they are young, are better eaters and are also better nourished.
- Mealtimes provide a good opportunity for children and staff to communicate in a family-style setting and provide pleasure and satisfaction for children in a relaxed atmosphere. Children acquire attitudes towards food from their caregivers.
- Good eating habits learned in the early years can last a lifetime.

Your influence as a child care provider is very important. Good nutrition promotes healthy growth and development, and a feeling of well-being. We are what we eat! As a child care provider, your role is to ensure the children in your facility receive nutritious meals, learn good eating habits and develop healthy attitudes toward food.

LEGISLATION

Day Nurseries Act
SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS


NUTRITION REQUIREMENTS OF THE DAY NURSERIES ACT

The regulations under this section of the act are intended to ensure that all infants and children attending Day Nurseries (Child Care Centres) in Ontario are provided with enough safe and nutritious food to meet their individual energy and nutrient requirements. Children who are well nourished are more likely to achieve their optimal growth and development potential. The regulations are also intended to protect the health of children (e.g. food safety, food allergies, dental caries, etc.) as well as promote eating practices that encourage and support a lifetime of healthy eating and well-being.

In general the regulations address the amount and type of food that must be offered to children in attendance at the child care centre at meal time, between meals and if more than six hours are spent at the nursery. Additionally, the regulations require:

- written feeding instructions to be provided by the parent(s) for all children under one year of age
- written instructions to be provided for all children with special dietary needs
- any food or drink provided by parents for infants or children must be clearly labelled with the child's name and the date the food was sent to the centre; and the food or drink must be stored in a manner that maximizes its nutritive value and minimizes the risk of contamination or spoilage
- a list of children with food allergies and the specifics of the allergy to be posted in clear view in both the cooking and serving area of the child care centre
- complete menus to be posted in an obvious and visible location for the current and following week; these menus are to be retained for 30 days following the last day that it was applicable

This nutrition section of the Keep on Track resource will provide you with valuable information and guidelines to help ensure you are meeting the nutrition requirements of the Day Nurseries Act.

GUIDELINES FOR INFANT FEEDING IN CHILD CARE CENTRES

Relevant Section(s) of the Day Nurseries Act – R.R.O. 1990, Reg. 262, consolidated to O. Reg. 14/02, s.39

Section 39 states:

Every operator shall ensure that,

(a) each infant under one year of age that is in attendance in a day nursery operated by the operator or in a location where private-home day care is provided by the operator is fed in accordance with written instructions from a parent of the child;

(b) where food or drink or both is supplied by a parent of a child in attendance in a day nursery operated by the operator or location where private-home day care is provided by the operator, the container for the food or drink is labelled with the child's name; and

(c) all food or drink is stored, prepared and served so as to retain maximum nutritive value and prevent contamination.
SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

Guidelines
1. Review written feeding instructions in detail with each infant’s parent(s) and/or caregiver.
2. If the parent or caregiver brings food or drink from home, be certain that the container(s) are clearly marked with the child’s full name and the date. The food or drink must be stored in a manner that maximizes its nutritive value and minimizes the risk of contamination/spoilage.

BREAST MILK

Storage
If breast milk is provided, request that it be fresh and in a feeding container (i.e. bottle or sippy cup) with a tight lid. Fresh “never frozen” breast milk can be provided each day and should be stored in the refrigerator (4°C). Fresh breast milk can be stored for up to 72 hours/three days. If breast milk is provided, request that the parent clearly mark the container with the child’s full name, date it was provided and the date it is to be discarded.

Note: previously frozen milk should be discarded after 24 hours, not three days. Any breast milk that is left over should be discarded with the parent or caregiver’s consent.

Warming Breast Milk
Breast milk can be warmed by placing bottle in a container of warm water just prior to feeding time. Breast milk should never be microwaved. A bottle should not be left out at room temperature to be warmed. The temperature of all breast milk should be tested on the inside of the forearm before feeding the infant.

Thawing Breast Milk
1. Check the date on the stored breast milk. Use the container with the earliest date.
2. Thaw frozen breast milk by leaving it in the fridge for 4 hours or place container under cool running water. Once it has begun to thaw, run warm water to finish thawing.
3. Never thaw at room temperature.
4. Do not heat on stove or in microwave.

FORMULA

Storage
If prepared formula is provided, request that it be fresh and in a feeding container (i.e. bottle or sippy cup) with a tight lid. Ready-to-serve formulas can be in their original containers. Fresh formula should be stored in the refrigerator (4°C) for no longer than 24-48 hours. Any formula that is left over should be discarded with the parent or caregiver’s consent.
## SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

### Preparation

Follow formula preparation directions accurately. Use proper food handling techniques to prepare formula as outlined below. Store prepared formula in the refrigerator immediately.

- Wash hands with warm soapy water.

### Sterilization of Items:

- In a large pot, boil water needed to make formula. Boil water for five minutes and then let cool to room temperature. **(Caution:** Do not boil water for more than five minutes to avoid problems with high concentrations of some minerals which could harm your baby.)
- Wash bottles, nipples, caps, tongs, can opener, measuring cup, stirring spoons or wire whisk, in hot soapy water. Use a nipple brush to ensure that the nipple holes are not clogged.
- Place all cleaned items in a deep pot of water and boil for five minutes to sterilize. Use the boiled tongs to remove items and allow to dry on a clean towel.

### Mixing The Formula:

- Wash the entire top of formula can (including under the outside rim) with hot water and soap. For powdered formula, open the can and place the plastic lid on a clean surface.

Prepare the formula as follows:

- **Ready to Feed Liquid:** Shake can well. Open and pour into sterilized bottles. Do **not** add water.
- **Concentrated Liquid:** Shake can well. Open and mix **equal** amounts of formula and boiled cooled water into a measuring cup. Pour into sterilized bottles.
- **Powdered Formula:** Read the directions on the can for the correct amount of boiled, cooled water and pour into measuring cup. Using the scoop in the can, measure the correct amount of powdered formula into the measuring cup. Mix or whisk well. Pour into sterilized bottles.
- Using the sterilized tongs and never your fingers, place a nipple on each bottle, cover with a ring and put on a cap. Once the nipple is covered, tighten the ring to seal the bottle.

### Storing The Formula:

- Refrigerate all bottles according to the formula directions. Use the formula within 24-48 hours.
- Always store bottles with an ice pack when travelling. Formula should never be left at room temperature for more than an hour.

### Warming Formula

Refrigerated formula can be warmed by placing bottle in a container of warm water or in an electric bottle warmer just before feeding time. Shake well. Formula should never be microwaved. A bottle should not be left out at room temperature to be warmed. The temperature of all formula should be tested on the inside of the forearm before feeding the infant.

Adapted with permission from **Learning To Bottlefeed**, Yellowknife Health and Social Services Authority, 2001.
SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

Prepared Baby Food

1. When serving prepared baby food, place the amount of prepared baby food to be offered into a feeding dish before heating or serving. Store unused portions in a covered container in the refrigerator. Discard unused portions within three days.

2. If possible, use the stove-top to heat baby food for more even distribution of heat. If a microwave is used, keep these safety tips in mind:
   • use microwave safe dishes
   • heat on low to medium setting and for short heating times
   • stir food thoroughly to evenly distribute heat
   • test temperature of food before offering to the infant
   • different foods heat at different rates and temperatures — if heating more than one type of food in a divided dish, test the temperature of each food separately

3. Before offering the heated food to the infant, test the temperature by placing a small amount of the heated food on a separate, clean spoon. Touch the food to your lips or inside of your wrist. If the temperature is not suitable, make appropriate adjustments (allow to cool or heat some more). Re-test the temperature using a different, clean spoon. Remember, children are more sensitive to heat than adults.

Note: If you suspect that the written feeding instructions provided by parents or caregivers are inconsistent with accepted infant feeding guidelines, contact a registered dietitian (RD) at the Peel Public Health Department 905-799-7700 to discuss the details and determine appropriate actions.
SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

GUIDELINES FOR FEEDING MEALS AND SNACKS TO CHILDREN IN CHILD CARE CENTRES

Relevant Section(s) of the Day Nurseries Act – R.R.O. 1990, Reg. 262, consolidated to O. Reg. 14/02, s. 40.

Section 40 states:

1. Every operator shall ensure that each child one year of age or over that is in attendance in a day nursery operated by the operator or in a location where private-home day care is provided by the operator is provided with,
   (a) subject to section 43, where the child is in attendance at meal time, a meal consisting of at least one serving from milk and milk products, one serving from meat and alternates\(^1\), one serving from bread and cereals\(^2\), and two servings from fruits and vegetables within the range set out in Column 2 or 3, as the case may be, of Schedule 1, for each food group set out opposite thereto in Column 1 of Schedule 1, except where otherwise approved by a Director in the case of a child five years of age or over; and
   (b) nutritious between-meal snacks consisting of foods that will promote good dental health at times that will not interfere with a child's appetite for meal time. R.R.O. 1990, Reg. 262, s. 40 (1).

2. Where a child referred to in subsection (1) is in attendance for six hours or more, the operator shall ensure that the total food offered to the child over the period of attendance for each food group set out in Column 1 of Schedule 2 is within the range set out opposite thereto in Column 2 of Schedule 2. R.R.O. 1990, Reg. 262, s. 40 (2).


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\(^1\) The ‘meat and alternates’ food group is now called ‘meat alternatives’ in Canada’s Food Guide to Healthy Eating, 1992.

\(^2\) The ‘bread and cereals’ food group is now called ‘grain products’ in Canada’s Food Guide to Healthy Eating, 1992.
SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

PLANNING NUTRITIOUS MEALS FOR CHILDREN IN CHILD CARE CENTRES

Children who spend a major part of their active day in a child care centre may need to acquire more than half of their day's nutritional intake away from home. Therefore, it is important that foods offered to children while under your care be sufficient in quantity and quality to meet a significant proportion of their energy and nutrient requirements.

The Day Nurseries Act defines the types and amounts of food that must be offered to children at meals and snacks. These requirements are based on Canada's Food Guide to Healthy Eating. Ideally, all foods given to children at child care centres will be selected from the four food groups outlined in Canada's Food Guide to Healthy Eating. In general, these foods will be nutrient-dense; that is, they provide plenty of vitamins, minerals and other nutrients that contribute to the nutritional needs and well-being of growing children.

Food from the other category of the Canada's Food Guide to Healthy Eating such as: soft drinks, fruit drinks, foods that are mostly fat (e.g. margarine/butter, salad dressings), foods that are mostly sugar (e.g. jam, jelly, syrup, honey, candies) and snack foods that are high in fat, salt or sugar (e.g. chips, chocolate) should be used sparingly, if at all. They should not be allowed to replace more nutritious food, snacks or toppings.

According to the Act, each child that is in attendance at a child care centre during meal time shall be offered a meal that consists of one serving from each of the grain products, meat and alternatives and milk products food groups. Two servings are to be provided from the vegetables and fruits food group. Younger children will require smaller serving sizes than older children. Table 1 provides an overview of recommended serving sizes for children. As a rule, younger children would be provided with the lower end of the serving range while older children would be offered serving sizes from the higher end of the range. Other factors that influence the amount of food that a child will eat include: activity level, body size, growth rate and appetite.

Children who spend longer periods of time at the child care centre require additional meals and snacks to meet a greater proportion of their daily energy and nutrient requirements. The Day Nurseries Act identifies the number of servings of food from each food group that a child should be offered if attending the child care centre for six or more hours. Table 2 provides an overview of these guidelines. Additionally, the number of servings of food offered from each food group may increase beyond that identified in Table 2 as the amount of time spent in the child care centre increases above six hours.

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1. Canada’s Food Guide to Healthy Eating was released in 1992. However, the Day Nurseries Act (1990)) was based on an outdated version of Canada's Food Guide. Therefore, in order to reflect current nutrition research and recommendations, the requirements for serving sizes in this manual have been adapted based on the serving sizes recommended in Health Canada’s Food Guide to Healthy Eating: Focus on Preschoolers (1995).

2. Based on Health Canada’s Food Guide to Healthy Eating: Focus on Preschoolers Background for Educators and Communicators, 1995
SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

Table 1 Recommended Number of Servings Offered Per Meal and Examples of Serving Sizes for Children. (Adapted from the Day Nurseries Act - Schedule 1 R.R.O. 1990, Reg. 262, consolidated to O. Reg. 14/02)

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Group</td>
<td>Number of Servings/Meal</td>
<td>Recommended Serving Size for Children Under 5 Years</td>
<td>Recommended Serving Size for Children Over 5 Years</td>
</tr>
<tr>
<td>Grain Products</td>
<td>1</td>
<td>Example: bread</td>
<td>Example: bread</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Serving size: 1/2 - 1 slice</td>
<td>Serving size: 1 slice</td>
</tr>
<tr>
<td>Vegetables &amp; Fruits</td>
<td>2</td>
<td>Example: fresh fruit</td>
<td>Example: fresh fruit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Serving size: 1/2 - 1 medium</td>
<td>Serving size: 1 medium</td>
</tr>
<tr>
<td>Milk Products</td>
<td>1</td>
<td>Example: milk</td>
<td>Example: milk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Serving size: 125 - 250 mL</td>
<td>Serving size: 250 mL</td>
</tr>
<tr>
<td>Meat &amp; Alternatives</td>
<td>1</td>
<td>Example: cooked chicken</td>
<td>Example: cooked chicken</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Serving size: 25 - 50 g</td>
<td>Serving size: 50 - 100 g</td>
</tr>
</tbody>
</table>

Table 2 Number of Servings from Each Food Group to be offered to Children Spending Greater than six hours in the child Care Centre. (Adapted from the Day Nurseries Act - Schedule 2 R.R.O. 1990, Reg. 262, consolidated to O. Reg. 14/02)

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Group</td>
<td>Number of Servings Offered to Each Child Under 5 Years of Age in Attendance for Six Hours or More</td>
</tr>
<tr>
<td>Grain Products</td>
<td>3 - 5 servings</td>
</tr>
<tr>
<td>Vegetables &amp; Fruits</td>
<td>4 - 5 servings</td>
</tr>
<tr>
<td>Milk Products</td>
<td>2 - 3 servings</td>
</tr>
<tr>
<td>Meat &amp; Alternatives</td>
<td>2 - 3 servings</td>
</tr>
</tbody>
</table>

Note: Schedule 1 R.R.O. 1990, Reg. 262, consolidated to O. Reg. 14/02, s.40 refers to required serving size ranges for children one year of age to six years of age and required serving size ranges for children six years of age and older. These age categories are inconsistent with those currently recommended in Canada's Food Guide to Healthy Eating. The serving size ranges from Canada's Food Guide to Healthy Eating are appropriate for all healthy Canadians four years of age and older. Consequently, the interpretation of Column 2 and Column 3 of Schedule 1 in this document reflects age categories that are consistent with those recommended in the Canada's Food Guide to Healthy Eating: Focus on Preschoolers. The updated Column 2 now indicates serving size ranges that are appropriate for children under five years of age and serving size ranges for children five years of age and over.
SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

CANADA’S FOOD GUIDE TO HEALTHY EATING

A Great Tool for Planning Meals and Snacks

Although Canada’s Food Guide to Healthy Eating is a great tool for planning a healthy, well balanced diet for the entire family, the guide was originally developed to be followed by all healthy Canadians over four years of age. Preschoolers (two to five years of age) have different nutrient needs and may have difficulty eating the same amounts of food as those indicated on Canada’s Food Guide. Therefore, in order to be able to use the Canada’s Food Guide as the recommended tool for planning nutritious, well-balanced diets for young children, it is important to use child-sized servings.

Even with reduced serving sizes, it is important to recognize that every child is an individual and will vary in the amount of food they require to meet their energy and nutrient needs. In general, younger children require smaller serving sizes than older children. It’s not surprising to find that a serving of grain products for a two year old might be half slice of bread while for a four year old, a serving might be a full slice of bread. The smaller end of the recommended number and size of servings from each food group should be offered to children under five years of age. As always, it’s better to offer smaller portions initially. More food can be provided if the child is still hungry.

For more information on the role of Canada’s Food Guide to Healthy Eating in developing a healthy eating plan for children under five years of age, refer to “Canada’s Food Guide to Healthy Eating Focus on Preschoolers: Background for Educators and Communicators” (Health Canada, 1995) that is included in the plastic sleeve following this section.

Eating Pattern

Children have high energy and nutrient needs, small stomachs and inconsistent appetites. Consequently, children should be offered small frequent feedings. Three meals with a nutritious snack between meals is a good eating pattern.

Snacking

Snacks contribute in a significant way to a child’s overall energy and nutrient intake. Consequently, it is important that snacks provided to children are nutrient-dense that is they provide plenty of vitamins, minerals and other nutrients that contribute to the nutritional needs of growing children. Snacks should be planned so they contain foods from two of the four food groups. To add variety to snack time, vary the food groups and the foods that make up the snack during the day and throughout the week.

Dental Health

Snacking also has implications for dental health. The frequency and duration of exposure to carbohydrates play a significant role in contributing to dental caries. Sweet foods that dissolve slowly in the mouth (e.g. suckers, hard candies, etc.) and sweet sticky foods (e.g. caramel, jube- jubes, dried fruit, etc.) that stick to the teeth can be particularly harmful. These snacks should be chosen infrequently and when eaten should be followed by proper dental hygiene. On the other hand, some foods like cheese, beans, or meat may actually help prevent dental caries. Limiting exposure to sweet sticky snacks to special occasions and practising proper dental hygiene in the child care setting are crucial to the prevention of dental caries. Dental health practises learned and supported in the child care setting will also go a long way to promoting a lifetime of good dental health.
**SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS**

**Table 3 Child-Sized Serving Ranges for Each of the Four Food Groups**

<table>
<thead>
<tr>
<th>Servings/Day</th>
<th>Serving Sizes for Children Under 5 Years</th>
<th>Serving Sizes for Children 5 Years and Older</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5 – 12</strong></td>
<td><strong>Grain Products</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1/2 - 1 slice bread</td>
<td>1 slice bread</td>
</tr>
<tr>
<td></td>
<td>125 - 250 mL (1/2 - 1 cup) cold cereal</td>
<td>250 mL (1 cup) cold cereal</td>
</tr>
<tr>
<td></td>
<td>75 - 175 mL (1/3 - 3/4 cup) hot cereal</td>
<td>175 mL (3/4 cup) hot cereal</td>
</tr>
<tr>
<td></td>
<td>1/4 - 1/2 bagel, pita or bun</td>
<td>1/2 bagel, pita or bun</td>
</tr>
<tr>
<td></td>
<td>1/2 - 1 muffin</td>
<td>1 muffin</td>
</tr>
<tr>
<td></td>
<td>50 - 125 mL (1/4 - 1/2 cup) rice or pasta</td>
<td>125 mL (1/2 cup) rice or pasta</td>
</tr>
<tr>
<td><strong>5 – 10</strong></td>
<td><strong>Vegetables and Fruit</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1/2 - 1 medium-size vegetable or fruit</td>
<td>1 medium size vegetable or fruit</td>
</tr>
<tr>
<td></td>
<td>50 - 125 mL (1/4 - 1/2 cup) fresh, frozen or canned vegetables or fruit</td>
<td>125 mL (1/2 cup) fresh, frozen or canned vegetables or fruit</td>
</tr>
<tr>
<td></td>
<td>125 - 250 mL (1/2 - 1 cup) salad</td>
<td>250 mL (1 cup) salad</td>
</tr>
<tr>
<td></td>
<td>50 - 125 mL (1/3 - 1/2 cup) juice</td>
<td>125 mL (1/2 cup) 100% juice</td>
</tr>
<tr>
<td><strong>2 – 3</strong></td>
<td><strong>Milk Products</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preschoolers should consume 500 mL (2 cups) of milk every day in order to meet their vitamin D requirements. In addition, they may choose to include other milk products.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25 - 50 g (1 - 2 oz.) 1 - 2 slices cheese</td>
<td>50 g (2 oz.) 2 slices cheese</td>
</tr>
<tr>
<td></td>
<td>75 - 175 g (1/3 - 3/4 cup) yoghurt</td>
<td>175 g (3/4 cup) yoghurt</td>
</tr>
<tr>
<td><strong>2 – 3</strong></td>
<td><strong>Meat and Alternatives</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25 - 50 g (1 - 2 oz.) meat, fish, poultry</td>
<td>50 - 100 g (2 - 3 oz.) meat, fish, poultry</td>
</tr>
<tr>
<td></td>
<td>1 egg</td>
<td>1 - 2 eggs</td>
</tr>
<tr>
<td></td>
<td>50 - 125 mL (1/4 - 1/3 cup) beans</td>
<td>125 - 250 mL (1/2 - 1 cup) beans</td>
</tr>
<tr>
<td></td>
<td>15 - 30 mL (1 - 2 Tbsp.) peanut butter</td>
<td>30 mL (2 Tbsp.) peanut butter</td>
</tr>
<tr>
<td></td>
<td>50 - 100 g (1/4 - 1/3 cup) tofu</td>
<td>100 g (1/3 cup) tofu</td>
</tr>
</tbody>
</table>

6-10 Created by Region of Peel Public Health July 2004
Note: Preschoolers will generally choose the lower number of servings and/or the lower end of the serving size range.

LIST OF RECOMMENDED AND LIMITED USE FOOD CHOICES

Below, foods are listed as "recommended food choices" and "limited use food choices". Foods under the "recommended food choices" category are best suited to a preschooler's nutritional needs because they are nutrient-dense and generally have less added fat, sugar or salt. These foods should be served often (daily). Foods listed under the "limited use food choices" category may contain a variety of nutrients but also have extra fat and/or sugar and/or salt. These foods can be served; however they should be served less often.

<table>
<thead>
<tr>
<th>Recommended</th>
<th>Limited Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grain Products</strong></td>
<td></td>
</tr>
<tr>
<td>Whole grain breads and rolls</td>
<td>Croissants</td>
</tr>
<tr>
<td>Bagels, English muffins, pita</td>
<td>Homemade cookies</td>
</tr>
<tr>
<td>bread</td>
<td>Plain commercial cookies</td>
</tr>
<tr>
<td>Whole grain muffins</td>
<td>Cakes, cake muffins</td>
</tr>
<tr>
<td>Fruit loaves, pancakes, waffles</td>
<td></td>
</tr>
<tr>
<td>Corn and flour tortillas</td>
<td></td>
</tr>
<tr>
<td>Breakfast cereals (not sugar coated)</td>
<td></td>
</tr>
<tr>
<td>Pasta, rice, rice cakes, melba toast, bread sticks, rusks, crackers</td>
<td></td>
</tr>
<tr>
<td><strong>Vegetables and Fruits</strong></td>
<td></td>
</tr>
<tr>
<td>Fresh, frozen, canned vegetables (prepared without fat)</td>
<td>Vegetables with sauces</td>
</tr>
<tr>
<td>Vegetable juices</td>
<td>Canned fruit (packed in light or heavy syrup)</td>
</tr>
<tr>
<td>Fresh and frozen fruits (prepared without added sugar)</td>
<td>Dried fruit — if served as a snack follow with proper dental hygiene</td>
</tr>
<tr>
<td>Canned fruit packed in juice</td>
<td>Sweetened fruit juices</td>
</tr>
<tr>
<td>Unsweetened 100% fruit juices</td>
<td></td>
</tr>
<tr>
<td><strong>Milk Products</strong></td>
<td></td>
</tr>
<tr>
<td>1% or 2% milk (children over two years)</td>
<td>Milk-based or canned pudding</td>
</tr>
<tr>
<td>Homo milk (children under two years)</td>
<td>Milk shakes, ice cream</td>
</tr>
<tr>
<td>Plain yogurt (add fresh fruit)</td>
<td>Chocolate milk</td>
</tr>
<tr>
<td>Cheese</td>
<td>Frozen or fruit-flavoured yogurt</td>
</tr>
<tr>
<td>Milk-based soups</td>
<td>Hot chocolate (made with milk)</td>
</tr>
<tr>
<td>Processed cheese (slices and spreads)</td>
<td></td>
</tr>
<tr>
<td>Cottage cheese</td>
<td></td>
</tr>
<tr>
<td><strong>Meat and Alternatives</strong></td>
<td></td>
</tr>
<tr>
<td>Lean beef, veal, pork, lamb</td>
<td>Fish sticks</td>
</tr>
<tr>
<td>Skinless chicken and turkey</td>
<td>Regular ground beef</td>
</tr>
<tr>
<td>Lean ground beef</td>
<td>Hot dogs</td>
</tr>
<tr>
<td>Fresh or frozen fish</td>
<td>Chicken fingers</td>
</tr>
<tr>
<td>Canned fish, packed in water</td>
<td></td>
</tr>
<tr>
<td>Cooked dried peas, beans, lentils</td>
<td></td>
</tr>
<tr>
<td>Peanut butter</td>
<td></td>
</tr>
</tbody>
</table>

## SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

### Sample Combination Dishes

Combination dishes should be comprised mainly of foods from the "recommended food choices" list but they may include foods from the "limited use food choices." Below are examples of some common combination dishes that include foods mainly from the "recommended food choices" list.

<table>
<thead>
<tr>
<th>Dish</th>
<th>Ingredients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chili</td>
<td>lean ground beef, kidney beans, vegetables</td>
</tr>
<tr>
<td>Pizza</td>
<td>whole wheat crust if available, lower-fat cheese, vegetables, pineapple</td>
</tr>
<tr>
<td>Hamburgers</td>
<td>lean ground beef for patties, whole wheat buns</td>
</tr>
<tr>
<td>Lasagna</td>
<td>lean ground beef, partly-skimmed mozzarella cheese, variety of vegetables (e.g. mushrooms, broccoli, peppers)</td>
</tr>
<tr>
<td>Soups</td>
<td>try any combination of foods in the “recommended food choices” list (e.g. pasta, rice, barley, vegetables, beans/peas/lentils)</td>
</tr>
<tr>
<td>Macaroni &amp; Cheese</td>
<td>combination of lower and higher fat cheeses, milk and small amount of margarine</td>
</tr>
<tr>
<td>Submarine Sandwiches</td>
<td>whole wheat submarine buns (if available), vegetables (e.g. tomatoes, peppers, dark green lettuce) lean meats (e.g. turkey, roast beef, ham)</td>
</tr>
<tr>
<td>Vegetable/Meat Stir-Fry</td>
<td>boneless and skinless chicken (or other lean meat), fresh or frozen vegetables rice or noodles</td>
</tr>
</tbody>
</table>
### Convenience Foods

All foods can be part of a healthy eating plan. However, some foods are better choices than others. Some packaged and convenience foods are based on food from a food group but have too much fat and/or sugar and/or sodium. Too much fat, sugar or sodium is not consistent with current nutrition recommendations for children. The following chart gives comments on some common packaged and convenience foods and suggestions for their use.

<table>
<thead>
<tr>
<th>Item</th>
<th>Comments</th>
<th>Suggestions</th>
</tr>
</thead>
</table>
| Crackers                                  | • source of B vitamins, fibre (if whole grain is chosen), and carbohydrate  
• may be high in fat and salt            | • choose whole grain, baked (instead of fried) and reduced salt and fat varieties |
| Instant rice and pasta dishes             | • source of B vitamins, iron, carbohydrate  
• high in salt, fat  
• cost factor                        | • use plain, enriched pasta  
• choose plain brown rice or converted/parboiled rice |
| Macaroni and cheese (boxed varieties)     | • carbohydrate source  
• good source of calcium with added milk               | • add plenty of milk and cheddar cheese  
• use only a small amount of added fat |
| Cold cereals                               | • source of carbohydrate, B vitamins, fibre (if whole grain is chosen), iron  
• may be high in sugar                        | • choose plain cereals, preferably whole grain  
• choose cereals with low levels of added sugar (e.g. less than five g per serving) |
| Instant oatmeal (flavoured varieties)     | • source of carbohydrate, B vitamins, iron  
• high in sugar  
• cost factor                             | • make regular oatmeal and add small amounts of sugar, honey, syrup, cinnamon or some fresh fruit for flavour |
### SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

<table>
<thead>
<tr>
<th>Item</th>
<th>Comments</th>
<th>Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>French fries</td>
<td>• high fat content</td>
<td>• serve baked, boiled, mashed, scalloped potatoes or baked French fries</td>
</tr>
<tr>
<td>Fruit drinks (canned &amp; powdered)</td>
<td>• high in sugar</td>
<td>• serve 100% fruit juices with no added sugar</td>
</tr>
<tr>
<td></td>
<td>• contain few or no vitamins</td>
<td>• serve cold water</td>
</tr>
<tr>
<td></td>
<td>• contains food colouring</td>
<td></td>
</tr>
<tr>
<td>Processed cheese (slices and spreads)</td>
<td>• high in salt</td>
<td>• choose regular or lower-fat hard cheese (children over two years old)</td>
</tr>
<tr>
<td></td>
<td>• good source of calcium</td>
<td></td>
</tr>
<tr>
<td>Skim milk powder</td>
<td>• children less than two years should not have skim milk</td>
<td>• use for cooking and baking</td>
</tr>
<tr>
<td></td>
<td>• when mixed according to package directions, contains same nutrients/ serving as fluid skim milk</td>
<td>• good for emergencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• can increase calcium and vitamin D content in milk-based recipes (e.g. soups, yogurt, milkshakes, etc.)</td>
</tr>
<tr>
<td>Commercial puddings</td>
<td>• instant and packaged, cooked puddings are high in sugar</td>
<td>• make homemade pudding and limit added sugar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• add fresh fruit</td>
</tr>
<tr>
<td>Processed meats (sausages, hot dogs, lunch meats, bacon)</td>
<td>• high in fat, salt</td>
<td>• serve sausage, bacon, hot dogs and high-fat lunch meats infrequently</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• serve lean lunch meat (e.g. ham, roast beef, roast chicken or turkey instead)</td>
</tr>
</tbody>
</table>
### SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

<table>
<thead>
<tr>
<th>Item</th>
<th>Comments</th>
<th>Suggestions</th>
</tr>
</thead>
</table>
| Soup (canned & dry mixes)                 | • generally high in salt  
• usually contain more broth than vegetables and/or meat          | • make homemade soup with less added salt  
• add extra noodles, rice or vegetables  
• make cream soups with milk  
• add skim milk powder to cream soups to add more calcium and vitamin D |
| Gelatin powders                           | • high in sugar  
• low in nutrients                                                        | • serve infrequently  
• add fresh or canned fruit                                                  |
| Dried fruit (raisins, dates, apricots)    | • source of nutrients  
• high concentration of sugar  
• sticks to teeth                                                            | • serve with the meal  
• serve infrequently as snacks  
• when offered as snacks, have children brush teeth                         |
| Sugar substitutes                         | • encourage sweet taste  
• foods that contain these may replace more nutritious foods in child's diet | • use foods with little or no added sugar  
• offer food that is naturally sweet (e.g. fruit)                             |
| Calorie-reduced food                      | • not recommended for children (children need calories for energy)        | • regular foods in moderate amounts are better choices                      |
CHOKING

Choking is a hazard for children, especially those under three years of age. Parents and caregivers can help prevent choking by knowing the child’s chewing and swallowing abilities, by avoiding hazardous foods, and by supervising the child while eating.

To Prevent Choking, Caregivers Should:

- cut food into small bite-sized pieces
- identify potentially dangerous foods, e.g. grapes, peanuts
- make sure the child is sitting upright while eating
- supervise the child while eating
- discourage talking while eating
- know what to do if choking occurs

Many foods can cause choking. Hot dogs, popcorn, hard candy, nuts, grapes and raw carrot sticks are examples of foods that often cause choking. The characteristics of foods that may cause choking are:

- round or cylindrical (hot dog pieces, whole grapes)
- hard and difficult to chew (nuts, raw carrot sticks, hard candies)
- sticky (caramel candy, peanut butter not spread on bread)
- hard to control in mouth (whole grapes)
- chewy or stringy foods (meat)

Changing some of these characteristics can make some foods safer. Some examples of changes that can be made are:

- slice round or cylindrical foods lengthwise to change their shape
- grate raw vegetables or fruits to make chewing easier
- cook hard fruits or vegetables to make them softer
- spread sticky foods thinly on moist foods like bread
- chop or grate very stringy meat, add a broth to moisten

Always stay with young children when they are eating
SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

GUIDELINES FOR PLANNING AND DEVELOPING MENUS IN CHILD CARE CENTRES

Relevant Section(s) of the Day Nurseries Act - R.R.O. 1990, Reg. 262, consolidated to O. Reg. 14/02, s. 41.

Section 41 states:

(1) Every operator of a day nursery shall post planned menus for the current and following week in a conspicuous place in each day nursery operated by the operator with any substitutions noted on the posted menus.

(2) A menu referred to in subsection (1) shall be retained by the operator for thirty days after the last day for which it is applicable

(3) Every operator of a private-home day care agency shall ensure that each person in charge of the children in each location where private-home day care is provided by the operator plans menus in consultation with the child’s parents, and or private-home day care visitor.

MENU PLANNING

The following menu planning suggestions will help to ensure you meet the requirements of the Day Nurseries Act while providing safe, nutritious foods which promote good health, optimal growth and development and a lifetime of healthy eating.

Menu Planning Steps

Use a “menu planning form” to record the week’s menus. A sample “menu planning form” is included in this section. For easier photocopying please consult the plastic sleeve following the section.

Follow These Steps for Easy Menu Planning:

Step 1. Select the meat or alternative for each day of the week
  • Choose a different meat or alternative for each day: beef, pork, fish, poultry, baked beans, peas, lentils, eggs, peanut butter

Step 2. Select a vegetable for each day of the week
  • Include a variety of cooked and raw vegetables throughout the week

Step 3. Select a fruit or 100% fruit juice for each day of the week
  • Emphasize fruit (rather than the juice) for more fibre

Step 4. Select a grain product for each day of the week
  • Emphasize whole grain products
    Include a variety of grain products: serve pasta, rice, bulgur, couscous, bagels, pita as well as other breads and cereals
SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

Step 5. Select milk or a milk product for each day of the week
- Serve milk as a beverage at lunch or snack
- Serve milk products, like yogurt and cheese for snacks or desserts
- Include milk products in the ingredients used to prepare desserts or for toppings

Step 6. Plan morning and afternoon snacks to complement meals
- Choose snacks that are both nutritionally and dentally healthy; select snacks from the four food groups of Canada's Food Guide to Healthy Eating
- Offer food from at least two food groups at each snack
- Choose snacks that are low in added sugar and do not stick to teeth
- Keep portion sizes small
- Serve snacks at least 1-1/2 - 2 hours before the next meal

Step 7. Double check your menu
- Use the “menu checklist” to ensure your menu meets or exceeds all Ministry requirements
ADDITIONAL MENU PLANNING TIPS

- Use a three or four week menu cycle.
- Keep meals and snacks fairly simple; children prefer them that way.
- Include a variety of colours, textures, sizes, shapes, temperatures and flavours of foods at meal and snack time.
- Introduce new foods one at a time in small quantities. Serve them with foods that are well-liked. Encourage children to try them; do not force them to do so. If a new food is not well received the first time it is offered, try it again at a later date.
- Serve food in forms that are easy for young children to manage, including finger foods.
- Try not to let your food preferences restrict menu choices. Children may enjoy foods you dislike.
- Remember you’re a role model and children pick up on your comments, gestures and attitudes toward food.
- Take advantage of vegetables and fruits that are in season and locally grown.
- Avoid having the same menu item always fall on the same day of the week.
- Allow for substitutions for children with allergies and special diets or encourage parents to supply their own substitutes.
- Have the children serve themselves with appropriate serving utensils. Offer second helpings for those with bigger appetites.
- Involve children in food selection and preparation where possible. Pay special attention to kitchen safety (e.g. sharp, hot or heavy objects) and proper food handling techniques.
- Consider growing some of your own vegetables on site. Involve children in selecting, planting and caring for a variety of vegetables and fruits. Carrots, beans, tomatoes, cucumbers, squash and pumpkins grow well and are likely to be enjoyed by children.
- Celebrate different cultures by introducing varied food choices that represent the ethnic diversity of your child care centre. Involve parents in helping you identify appropriate choices.
## SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

### MENU PLANNING CHECKLIST

1. The main meal includes at least:
   - One serving of grain products
   - Two servings of vegetables and fruit
   - One serving of milk products
   - One serving of meat or alternative  

2. The foods within each food group are varied from day-to-day.

3. Serving sizes of food are appropriate for the child’s age.

4. Foods are easy for children to eat (e.g. finger foods). For example, foods that can be eaten easily with their hands have been included.

5. The menu provides a variety of:
   - shapes
   - colours
   - temperatures
   - flavours
   - textures

6. At least one new food is introduced during the menu cycle.

7. Snacks include food from at least two food groups.

8. Snacks are not too sweet or sticky.

9. Foods chosen for meals and snacks are both nutritionally and dentally sound.

10. The children participate in planning, selecting, growing and/or preparing and serving snacks and/or meals.

11. Extra meals and snacks are planned for children who spend more than six hours in your care.
## MENU PLANNING FORM

### Day Nursery: Week of

<table>
<thead>
<tr>
<th>Meal Pattern</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning Snack</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(from 2 Food Groups)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meat/Alternatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grain Products</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vegetables &amp; Fruit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Milk Products</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fruit or Occasional Other Dessert</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Foods</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Afternoon Snack</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(from 2 Food Groups)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** A copy of this form for photocopying can be found in the plastic sleeve following this section.
MANAGING SPECIAL DIETARY REQUIREMENTS

Relevant Section(s) of the Day Nurseries Act - R.R.O. 1990, Reg. 262, consolidated to O. Reg. 14/02, S. 42, 43

Section 42 states:

Every operator of a day nursery shall ensure that a list is posted in each cooking and serving area of each day nursery operated by the operator that sets out the names of the children enrolled in the day nursery that have food allergies and their respective allergies.

Section 43 states:

Every operator shall ensure that where special dietary and feeding arrangements have been made with the operator with respect to a child enrolled in a day nursery operated by the operator or in a location where private-home day care is provided by the operator that the arrangements are carried out in accordance with the written instructions of a parent of the child.

Guidelines

A child may have to follow a restricted diet for a variety of reasons. Children who are on a restricted diet for a medical condition are usually under the care of a physician with consultation from a dietitian.

Foods that commonly cause allergic reactions are cow's milk, nuts, peanut butter, eggs, fish or shellfish. The reaction occurs after eating the problem food — either right away or several hours later. The severity of the reaction varies from person-to-person.

If a person has a food allergy, special requirements may be necessary to reduce their risk of a reaction. The object is to protect the child with the least restriction to other children. Consult with Peel Public Health Department to decide what is necessary.

1. Develop a plan with the parent or guardian to meet the child's special dietary needs, inform other children and their parents (if necessary) and respond to an emergency due to exposure. Involve the child, as children quickly learn to avoid foods that make them sick. Keep the plan up-to-date.

2. Be sure to tell the parent or guardian if you see any evidence of reactions to food while at the child care centre. Information you provide may help diagnose an allergen or food intolerance and prevent sensitization caused by repeat exposures.

3. Check with the parent or guardian to make sure you are not giving children with severe allergies a food they have not had before. This is especially important for babies and toddlers as they are being introduced to new foods. If you are in doubt about any food, don't serve it to a child with allergies.

4. Always read the ingredient lists on packages and verify contents of bulk foods on a frequent basis since companies may change their product ingredients. It is best to read the ingredient list each time the item is purchased.
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5. Get the cooperation of other parents or guardians if necessary (e.g. give parents a copy of a list of ingredients to avoid). Ask other parents to review the ingredients of "special treats" such as birthday cakes, cookies or snacks that they may bring to share at the child care centre. Suggest that an ingredient list be attached to homemade items. It is safer, as a method of avoiding allergic reaction, to discourage parents from providing "homemade" treats. It is better to have the child care centre prepare their own birthday cake for the child.

6. Teach all children not to share their lunches, food utensils and containers or trade snacks. Discuss food allergies in the class and stress the importance of this health issue.

7. If possible, inquire about all foods that may be served on field trips in advance. This will allow time to verify ingredients and plan necessary substitutions.

8. Review the use of food in crafts or activities that involve touching the food.

9. Regular handwashing is necessary to prevent cross-contamination when foods are prepared and eaten.

10. Wash all surfaces, such as tables or toys, that may have come in contact with problem foods.

11. Inform all supply teachers, students on placements and parent volunteers about children who are at risk for allergic reactions, the common symptoms and emergency protocol.

12. Contact Peel Public Health Department and ask to speak to a dietitian for more information about specific food allergies.
SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

DIETARY FAT INTAKE AND CHILDREN

Childhood, from two years of age to adolescence, includes stages of rapid growth and development along with high energy output. As a result, it is important to ensure that enough energy and nutrients are provided to meet individual requirements. The amount and relative contribution of all the various nutrient categories for healthy Canadians is defined in Nutrition Recommendations for Canadians (Health Canada, 1990). This document identifies the daily amount of vitamins and minerals that an individual requires based on their age and gender. The document also provides guidelines on the amount of energy that should be consumed and specifies the relative contribution of the energy-producing nutrients fat, carbohydrate and protein to total energy requirements.

In recognition of the role of diet in reducing the incidence of chronic disease (heart disease, cancer and diabetes), Nutrition Recommendations for Canadians recommend that all Canadians over the age of two years should reduce their dietary fat intake from the current level of 37 per cent of calories as fat to no more than 30 per cent of calories as fat. Although this recommendation is still prudent for adults, it is now well accepted that children should not follow reduced fat diets. Rather, they should make a gradual transition from the higher fat diet of infancy (breast milk provides nearly 50 per cent of its calories as fat) to the lower fat intakes recommended for adults.

Health Canada, in consultation with the Canadian Paediatric Society, developed the following recommendation regarding dietary fat intake and children:

> From the age of two until the end of linear growth, there should be a transition from the high fat diet of infancy to a diet which includes no more than 30% of energy as fat and no more than 10% of energy as saturated fat.

> During this transition, energy intake should be sufficient to achieve normal growth and development. Food patterns should emphasize variety and complex carbohydrate and include lower fat foods. Physical activity should be stressed (p.5). ¹

What this means on a day-to-day basis is that children should follow the same eating pattern as recommended for all members of the family (see Canada's Guidelines for Healthy Eating). However, children need more flexibility in their fat intake to help meet their energy needs for growth. A healthy eating pattern for children can include both higher and lower fat food choices. Nutritious foods like peanut butter, whole milk and cheese should be included in their diet.

SECTION: FEEDING HEALTHY BABIES AND PRESCHOOLERS

DIETARY FIBRE INTAKE AND CHILDREN

Dietary fibre, (the part of plants which cannot be digested by the human digestive system), is a vital component of the diets of both adults and children. There are two main types of dietary fibre - insoluble fibre (e.g. wheat bran, vegetables and peelings of vegetables and fruit) and soluble fibre (e.g. fruits, oat products and beans). Insoluble fibre helps promote regularity and has been associated with reduced incidence of certain types of cancers. Soluble fibre has been shown to regulate blood glucose levels and lower serum cholesterol levels. Both types of fibre should be included in the foods served to children.

Nutrition experts recommend that children aged three and over should consume dietary fibre in an amount equivalent to their age plus five to 10 grams. In other words, a five year-old child should consume 10 to 15 grams of fibre per day (e.g. age five years + five to 10 grams = 10 to 15 grams). This amount of fibre can easily be provided from an eating plan based on Canada’s Food Guide to Healthy Eating. The following list provides a number of tips for increasing the fibre content of your child care centre meal plan.

Tips for Increasing the Amount of Fibre in Your Day Nursery Menu:

- Serve fruits and vegetables with their skin on. Be sure to wash thoroughly.
- Serve a variety of whole grain bread products.
- Choose cereals that are labelled a “good” or “very good” source of dietary fibre with at least five grams of fibre per serving.
- Serve brown rice instead of white.
- Include legumes (beans, peas, lentils) as a vegetable or as an ingredient in mixed dishes.
- Add crushed bran cereals to homemade pancakes, muffins and quick breads.
- Mix crushed bran cereals into ground meat mixtures, spaghetti sauce, chili or use as a coating for baked chicken or fish.

Encourage children to drink plenty of water throughout the day
There is a widespread belief that when children eat foods with sugar, it makes them hyperactive. Numerous studies have been conducted to address this issue. To date, there is no conclusive scientific evidence to support a link between sugar consumption and active behaviour in children. In fact, carbohydrates (sugar) have a calming effect on behaviour.

Active behaviour beyond what is typical for a child is often observed at special events like birthday parties and at Halloween where sugar sweetened foods are served as part of the celebration. The increased activity exhibited by children at these times likely results from the excitement associated with the event. In addition, foods like chocolate bars, chocolate cake and cola beverages which are high in sugar also contain caffeine. Because caffeine has a stimulating effect, it may contribute to the increased activity observed in children. One can of dark cola for a young child is equivalent to four cups of coffee.

Sugar and sugar-sweetened foods, when eaten in moderation, can be part of an eating pattern that promotes healthy growth and development in children. Moderation is the key word. Regular consumption of foods with a high concentration of sugar will contribute to tooth decay if teeth are not cared for properly. In addition, these foods may replace more nutrient-dense foods in a child's diet.

It is not necessary to avoid sugar-containing foods to improve behaviour. Further, it is important that parents receive accurate information about this issue. Parents may delay or prevent seeking a proper diagnosis (and hence, an effective management program) for a child with a behavioural disorder if they are advised to avoid giving children sugar-containing foods as a means to manage behaviour.

The following research article: Effects of Diets High in Sucrose or Aspartame on the Behavior and Cognitive Performance of Children (The New England Journal of Medicine, Vol. 330 (5), 3 Feb, 1994) provides information on a carefully controlled nine-week study on this issue. If you have any additional questions about this issue, please contact Peel Public Health Department to speak with a Public Health Dietitian.

Some children are hypersensitive to the dyes used to provide colour in confectionaries, soft drinks, fruit drinks, etc. They may also be sensitive to specific environmental factors. If parents express concerns in either of these areas, it is important they speak to their family doctor and get a referral to the appropriate specialist.
REFERENCES


RESOURCES


FIRST AID

Child care centres need to have policies, procedures, accessible equipment and staff prepared to manage emergencies that may arise in the facility.

LEGISLATION

Day Nurseries Act
SECTION: FIRST AID

ROUTINE PRACTICES

Routine Practices are intended to prevent skin and mucous membrane exposure to non-intact skin, blood and body fluids.

Routine practices are based on the principle that all blood and body fluids may contain organisms that could cause illness. It is impossible to tell, simply by looking at an individual, who may be at greater risk. Therefore, the use of protective barriers is recommended in situations where there may be exposure to blood, body fluids or non-intact skin.

Protective barriers, when used correctly, reduce the risk of exposure. Examples of protective barriers for first aid include handwashing and gloves.

Put on a pair of household rubber gloves. Clean up spills of blood and body fluids first, then wash the area with soap and water. The surface should then be wiped with a freshly made solution of 1:10 bleach solution (50 mL of bleach to 450 mL of water, or 1/4 cup of bleach to 2 1/4 cups of water). The solution must be left in contact with the surface for at least 10 minutes. This will kill any germs left on the surface.

Garbage containers should be lined with plastic bags. When disposing, tie the bag so no one can touch the soiled articles. Double bagging is not necessary unless the bag has holes or the outside is visibly soiled. Sharp articles (needles, razors) should be disposed of in a puncture resistant container.

FOUR STEPS TO ROUTINE PRACTICES

- Wear protective barriers
- Clean contaminated surfaces
- Dispose of contaminated articles safely
- Remove barriers (e.g. gloves) and wash hands

Peel Public Health recommends that Routine Practices should be used in situations where there is exposure to blood and/or body fluids.
SECTION: FIRST AID

ROUTINE PRACTICES

PROCEDURE FOR USING GLOVES

1. If wearing long sleeves, roll sleeves up to above the elbow.
2. Remove hand and wrist jewelry (rings, watches and bracelets) to reduce the risk of tearing the glove.
3. Put on gloves.
4. Once first aid is complete, remove gloves by hooking gloved finger of dominant hand into lower outside edge of other glove. Pull the glove inside out as you remove it and then hold the glove in your gloved hand.
5. Tuck your ungloved hand into the inside edge of the remaining glove. Remove that glove by pulling it inside out and encase the other glove as you do so.
6. Discard gloves and wash hands thoroughly.

REGULATIONS GOVERNING FIRST AID

Regulations governing first aid in child care centres are identified in the Day Nurseries Act, R.R.O. 1990, Reg. 262, consolidated to O. Reg. 14/02, s.28

Section 28 states:
Every operator shall ensure that there is an up-to-date list of telephone numbers in each day nursery, or in each location where private-home day care is provided by the operator that is accessible in the event of an emergency and that includes the telephone numbers of,

   (a) the fire department;
   (b) the nearest hospital;
   (c) the nearest ambulance service;
   (d) the nearest poison control centre;
   (e) the police department;
   (f) a taxi service; and
   (g) the private-home day care agency, in the case of a location where private-home day care is provided.

Section 29 states:
Every operator shall ensure that the following information is readily accessible in the event of an emergency to each staff member of each day nursery and each private-home day care agency operated by the operator and each person in charge of each location where private-home day care is provided by the operator:

   (1) The name, address and telephone number of the family physician of each child enrolled in each day nursery or with each private-home day care agency operated by the operator and the name and number shown on the child’s health insurance identification card.
SECTION: FIRST AID

(2) The home and work addresses and telephone numbers of a parent of each child enrolled in each day nursery or with each private-home day care agency operated by the operator and a telephone number of a person to be contacted if a parent cannot be reached.

(3) Any special medical or additional information provided by a parent of each child enrolled in each day nursery or with each private-home day care agency operated by the operator that could be helpful in an emergency.

Section 30 states:

Every operator of a day nursery shall ensure that a daily written record is maintained that includes a summary of any incident affecting the health, safety or well-being of the staff or any child enrolled in a day nursery operated by the operator and that the record is kept for at least two years from the date of its making.

Section 35 states:

Every operator shall ensure that,

(a) there are written policies and procedures with respect to serious occurrences in each day nursery operated by the operator and each location where private-home day care is provided by the operator; and

(b) a program adviser is notified of any serious occurrence in any day nursery operated by the operator or any location where private-home day care is provided by the operator within twenty-four hours of its happening.

Section 36 states:

Every operator shall ensure that there is a first-aid kit and first-aid manual that is readily available for first-aid treatment in a day nursery operated by the operator and in each location where private-home day care is provided by the operator.
SECTION: FIRST AID

Peel Public Health will:
✓ Provide child care centres in Peel with information to assist them in developing first aid policies for their facilities

The Operator will:
✓ Ensure a first aid kit and first aid manual is readily available for first aid
✓ Ensure they have written policies on:
  (1) the management of incidences requiring first aid
  (2) the reporting of an incident that might affect the child’s well-being, as required under the Day Nurseries Act, R.R.O. 1990, Reg. 262, consolidated to O. Reg. 14/02, s. 30
✓ Ensure the injured child is provided with the necessary first aid or hospital treatment
✓ It is recommended that a staff member with recent training in first aid be on duty at all times ("Day Nurseries Manual – Policies and Procedures 2.1.1-6." Ministry of Community and Social Services, March 2000.)

FIRST AID KIT
A well maintained first aid kit is an essential requirement for every child care centre.
A recommended list of supplies can be found in Well Beings.
First aid kits and training are available from many resources including St. John Ambulance.

GENERAL GUIDELINES

**Consult your first aid manual for the management of occurrences requiring first aid.**

- *Well Beings* devotes chapter four, red coded, to “emergencies.” This chapter is designed to help caregivers develop safe, effective policies and procedures for the management of emergency situations.
- Children with Special Medical Conditions:
  Each child care centre should have an action plan for individual children with special medical conditions (e.g. life threatening allergies, diabetes, epilepsy, etc.) that is written and agreed upon with the parent.
SECTION: FIRST AID

REGULATIONS GOVERNING ADMINISTRATION OF MEDICATIONS

Regulations governing the administration of medications in child care centres are identified in the Day Nurseries Act, R.R.O. 1990, Reg. 262, consolidated to O. Reg. 14/02, s.37.

Section 37 states:

(1) Where an operator agrees to the administration of drugs or medications, the operator shall ensure that,

(a) a written procedure is established by a legally qualified medical practitioner or a nurse registered under the Health Disciplines Act for,
   i. the administration of any drug or medication to a child in attendance in a day nursery operated by the operator or in a location where private home day care is provided by the operator, and
   ii. the keeping of records with respect to the administration of drugs and medications, including those records required under the Narcotic Control Act (Canada);

(b) all drugs and medications on the premises of a day nursery or location where private home day care is provided are,
   i. stored in accordance with the instructions for storage on the label,
   ii. administered in accordance with the instructions on the label and the authorization received under clause (d),
   iii. inaccessible at all times to children,
   iv. in the case of a day nursery, kept in a locked container;

(c) one person in each day nursery operated by the operator and each location where private home day care is provided by the operator is in charge of all drugs and medications and that all drugs and medications are dealt with by that person or a person designated by that person in accordance with the procedures established under clause (a);

(d) a drug or medication is administered to a child only where a parent of the child gives written authorization for the administration of the drug or medication and that included with the authorization is a schedule that sets out the times the drug or medication is to be given and amounts to be administered; and

(e) a drug or medication is administered to a child only from the original container as supplied by a pharmacist or the original package and that the container or package is clearly labelled with the child’s name, the name of the drug or medication, the dosage of the drug or medication, the date of purchase and instructions for storage and administration. (Day Nurseries Act, R.R.O. 1990, Reg. 262, consolidated to O. Reg. 14/02, s.37.)

(2) Despite subclauses (1) (b) (iii) and (iv) and clause (1) (c), the operator may permit a child to carry his or her own asthma medication or emergency allergy medication in accordance with the procedures established under clause (1) (a). (O. Reg. 42/93, s.1).
ADMINISTRATION OF MEDICATION

Peel Public Health will:

✓ Advise child care providers to consult a parent/guardian, physician, or pharmacist when questions arise around medications or their administration

Never give medication to a child without the authorization of a parent/guardian.

The Operator will:

✓ Ensure they have written policies on the administration of medications, that comply with the regulations, set out in the Day Nurseries Act, Section 37
✓ Ensure child care providers administer medications in accordance with these regulations
✓ Ensure the following safety checks are performed each time medication is administered to a child:
  • There is written authorization to give the medication
  • Check the medication administration record to ensure medication has not already been administered
  • Ensure you have the correct child
  • Ensure you have the correct medication
  • Check for administration instructions and the expiry date of the medication before administering it
  • Administer the medication as instructed
  • Record that the medication has been administered on the medication administration record
  • Return the medication to its safe place of storage

(See sample “Authorization and Record of Administration” included (Appendix #2) or “Parental Consent and Medication Record Sheet” in Well Beings).
SECTION: FIRST AID

ANTIBIOTIC RESISTANT ORGANISMS

Antibiotics are drugs that are used to kill specific bacterial infections ranging from life-threatening meningitis to common problems like acne and strep throat. Bacteria are smart; constantly evolving and adapting to their environment. When antibiotics are used incorrectly, bacteria can adapt and become resistant. Antibiotics are then no longer useful in fighting them. Antibiotic resistance is now a major public health issue.

Antibiotics kill bacteria but do not treat viruses. Ninety per cent of colds, flu and their accompanying coughs, sore throats, aches and pains are caused by viruses. For these situations antibiotics won’t help.

The Operator will:

✓ Be aware that antibiotic resistant organisms are developing
✓ Reinforce the taking of antibiotic prescriptions according to the instructions and finishing the medication even though the child seems better after a couple of days
✓ Not encourage antibiotic treatment before the child returns to care. Antibiotics can only cure bacterial infections. They are useless against a cold or flu. An ordinary cold or flu virus will run its course in a week or so
ANAPHYLAXIS AND THE USE OF THE EPIPEN®

WHAT IS ANAPHYLAXIS?

- Anaphylaxis is a life-threatening allergic reaction that occurs after a person is exposed to a particular food or substance that they are severely allergic to.
- It is a major medical emergency that affects the whole body and it must be treated immediately.
- Anaphylaxis can happen immediately after exposure to an allergen; or it may take several hours to develop following exposure.

Substances or Allergens that may trigger Anaphylaxis:

- Food — any food can potentially cause anaphylaxis but the most common ones include: peanuts, nuts, shellfish, fish, eggs, soy and milk
- Medications — such as antibiotics, ASA, laxatives, etc.
- Insect stings or bites (venom)
- Latex rubber (e.g. rubber gloves)
- Exercise
- Cold air

Remember:

- Avoidance of a specific allergen is the cornerstone of management in preventing anaphylaxis.
- An action plan that is written and agreed upon by the parent(s) or guardian(s) of a child with potentially fatal allergies should be developed.
- For the child who is known to have potentially life-threatening allergic reactions, adrenalin must be available. Adrenalin comes in the form of an injection such as an Epipen® and should be supplied to the centre by the child’s parent/guardian.

WHAT IS AN EPIPEN®?

The Epipen® is an epinephrine (adrenalin) injectable medication, that is used to halt a severe allergic reaction. The medication is marketed as a one-dose ready-to-use product. It is only to be used when prescribed by a physician. The parent or guardian should supply the Epipen® to the child care centre. Never use the Epipen® of one child for someone who has never been prescribed this medication. The director of the child care centre should be aware of what the child is allergic to and make staff aware of the child’s allergy and the correct procedure to follow should an emergency develop. All staff should be aware of how to use this product in the event of an emergency.
SECTION: FIRST AID

Regulations Governing Epipen® Administration:


The Day Nurseries Act, Section 37(2) states:

(...) the operator may permit a child to carry his or her own asthma medication or emergency allergy medication in accordance with the procedures established under clause (1) (a). (O.Reg. 42/93, s.1).

RECOMMENDATIONS FOR STORAGE AND SAFE HANDLING OF THE EPIPEN®.

1. The Epipen® is a prescribed medication with a shelf life of approximately two years from the purchase date. It is a clear, colourless, injectable medication that is only administered to the individual for whom it has been medically prescribed.

2. The Epipen® is intended for injection into a large muscle. The only recommended site for injection is in the top outer portion of the thigh. It should be noted that accidental injection into areas other than the thigh, such as the hand or buttocks, could be very dangerous.

3. The Epipen® should be protected from light and stored at room temperature (between 15°C and 30°C). It should be assessed on a regular basis for any discolouration (e.g. yellow) or precipitate formation. If the Epipen® is taken outside on a cold day, it needs to be carried in an inside pocket of a jacket to prevent freezing.

4. The Epipen® should be stored in an area where it is accessible to all staff in the event of an emergency. All staff should know locations for storage of the Epipen®.

5. Remember to take the Epipen® on all school trips/outings. Ensure all staff know who is responsible for bringing and carrying the Epipen®.

Peel Public Health will:

- Provide child care centres with information about the storage and use of Epipens®
- Provide telephone information to callers about the Epipen® and anaphylaxis through Peel Public Health 905-799-7700

The Operator will:

- Ensure all staff have access to information about, and are competent in the use of, the Epipen®
- Ensure all incidents requiring the use of the Epipen® are reported to the program advisor as required by Regulation 262, Section 35, of the Day Nurseries Act (1990)
- Ensure an emergency plan is developed in order to access and activate emergency services as necessary. The plan should be written and agreed upon with the parent(s) or guardian(s).

During special events such as field trips, additional planning is required:

- It is important when planning trips to ensure a hospital is within one-hour travel time and there is easy access to police, fire or ambulance services
SECTION: FIRST AID

- If the nearest hospital is more than 20 minutes away, ensure the child’s physician is consulted to determine the need for more than one Epipen®
- Identify if the location has 9-1-1 services. If not, ensure that the number to access ambulance services is readily available
- Know the address/directions of your destination to advise emergency personnel

✓ Ensure each child returns a completed medication administration form that includes information about allergies. It is strongly recommended that in addition to the medical form, an individualized profile be developed that includes the child’s name, photograph, specific allergy, warning signs, symptoms of a reaction and emergency treatment plan.

✓ Compile a list of all children with life-threatening allergies who attend the child care centre who may require epinephrine treatment. This list, with all identifying information, should be noted and available to supply teachers in the event of an unplanned teacher absence.

✓ Obtain as much detail as possible from parents regarding each student’s allergy(ies). Anaphylactic reactions are individual in the presenting symptoms; thorough descriptions will facilitate a quick and accurate response.
SECTION: FIRST AID

HOW TO PROTECT CHILDREN FROM COLD INJURIES

Winter sports can be exciting for children but parents and caregivers should take extra caution when their children skate, ski, snowmobile or toboggan (helmets are recommended to prevent head injuries). Use sunscreen even on cloudy days.

Children are at greater risk for frostbite and hypothermia because they have less muscle mass than adults and generate less body heat. Parents and caregivers should take the following precautions to protect their children when temperatures and wind chills drop:

1. Dress your children in warm clothing including hats, mittens, neck warmers, winter coats and insulated boots; remove drawstrings.

2. Reduce the amount of time your child spends outdoors when the temperature is -20 degrees Celsius or colder, with or without wind chill. Keep children indoors when the temperature is -25 degrees Celsius or colder, with or without wind chill. Some medical conditions may increase sensitivity to cold; parents should consult their physician.

3. Check on your children frequently for signs of numbness, shivering or pale skin. Children do not always realize they are becoming cold.

4. Give children plenty of warm beverages to prevent dehydration.

5. Change wet clothing or footwear immediately. Clothing loses its insulating value when it becomes wet.
SECTION: FIRST AID

SYMPTOMS AND TREATMENTS OF COLD INJURIES

Exposure to extreme cold can result in injuries such as frost-nip, frostbite, or hypothermia. Frost-nip is a relatively minor reaction to cold that is easily treated. Frostbite and hypothermia are more serious conditions.

1. **Frost-nip**
   
   Symptoms:
   
   - A mild form of frostbite, where only the skin freezes.
   - Skin appears yellowish or white, but feels soft to the touch.
   - Painful tingling or burning sensation.

   Treatment:
   
   - Move child out of the cold; give warm drinks.
   - **Do not** rub area or apply dry heat (e.g. heating pad).
   - Warm the affected area slowly with body heat.

2. **Frostbite**
   
   Symptoms:
   
   - A more severe condition, where both the skin and the underlying tissue (fat, muscle, bone) are frozen.
   - Symptoms include swelling and redness in the early stages, tingling and burning sensations in the extremities and numbness.
   - As frostbite progresses, skin becomes white and waxy; hard to the touch.

   Treatment:
   
   - **Get medical help, frostbite can be serious.**
   - If possible, move the child to a warm area.
   - Remove wet clothing, cover child with blanket or dry clothing.
   - Warm the affected area slowly using body heat.
   - **Do Not** rub area or apply dry heat (e.g. heating pad).
   - Give warm drinks.

3. **Hypothermia – The Most Severe Type of Cold Injury**
   
   Symptoms:
   
   - Feeling cold over a prolonged period of time can cause a drop in body temperature (below the normal 37 degrees Celsius).
   - Symptoms include drowsiness, shivering, irritability, confusion, stiff muscles, slurred speech, fatigue, discolouration of lips, cold skin and apathy.
   - Can progress to a life-threatening condition where shivering stops, the person loses consciousness and cardiac arrest may occur.
SECTION: FIRST AID

Treatment:

• **Call 911, this is an emergency.**
• While waiting for help, move the child indoors and remove wet clothing.
• Cover the child with blankets or dry clothing. Body heat can help warm the child's temperature slowly.
• **Do Not** use hot water bottles or electric blankets.
• **Do Not** rub area or apply dry heat (e.g. heating pad).

For more information on preventing cold-related problems contact: Peel Public Health at 905-799-7700.

**Resource**

Region of Peel

http://www.peelregion.ca
SECTION: FIRST AID

COLD WEATHER GUIDELINES - CHILD CARE CENTRES (JANUARY 2004)

Peel Public Health recommends the following steps to be taken to prevent cold injuries:

**RECOMMENDATIONS**

1. Establish a policy and plan to deal with potential consequences of extreme temperatures and winter storms (e.g. power outage, lack of transportation). Have an emergency kit available.

2. Reduce the amount of time children (grade 8 and under) spend outdoors when the temperature is -20 degrees Celsius or colder (with or without wind chill).

3. Keep children indoors when the temperature is -25 degrees Celsius or colder (with or without wind chill). Some medical conditions may increase sensitivity to cold, parents should consult their physician.

4. Allow indoor breaks if children say they are feeling cold or during extreme temperatures.

5. Ensure children are dressed warmly, covering exposed skin: insulated boots, winter weight coats, mittens, hats, neck warmers.

6. Change wet clothing or footwear immediately.

7. Although these conditions are unlikely to occur during the day, ensure that all staff are able to recognize and treat symptoms of frostbite and hypothermia. Give plenty of warm fluids to prevent dehydration.

8. When children are outside, be watchful for shivering or signs of numbness in faces, ears, hands or feet.

9. Educate children in dealing with cold weather: drinking plenty of fluids, dressing warmly, and recognizing signs of cold injury.

**COLD INJURY SYMPTOMS**

- **Mild Cold Injury:** shivering or numbness in face, hands, feet or ears
- **Frostbite:** skin may look whitish or greyish yellow, feel hard or waxy and be numb
- **Severe Hypothermia:** fatigue, confusion or slurring of speech -- call 911, this is an emergency

**TREATMENT OF COLD INJURIES**

- Move the person out of cold as soon as possible, then:
  - Remove wet clothing
  - Warm the affected area slowly. Use warm - not hot water. Use warm hands/body heat (do not rub)
  - Give warm drinks
- If you cannot move the person out of the cold:
  - Cover them with something dry such as clothing or blankets while waiting for help
  - Do not attempt to warm the affected area because warming and refreezing will cause greater damage to the area
  - Give warm drinks

**AVOID ADDITIONAL INJURY**

Tissue suffering from cold injury is fragile and can be easily damaged.

- DO NOT RUB the area
- The affected area is numb and easily burned. DO NOT HEAT QUICKLY by using:
  - hot water
  - hot water bottles
  - heating pads
  - electric blankets

More information: Please visit our website [http://www.peelregion.ca](http://www.peelregion.ca) or call Peel Public Health at: 905-799-7700
PREVENTING HEAT RELATED ILLNESSES

Playing outside in all types of weather and temperatures is very healthy and promotes the well-being derived from exercise. However, the body needs to adapt to changes in temperature and necessary precautions must be taken during hot temperatures to avoid problems. Avoiding heat-related problems in hot weather is just as essential as avoiding frostbite in cold weather.

Direct heat (sunlight) and reflected heat (from sand, sidewalks, artificial surfacing, etc.) will increase the heat surrounding the body. The best way to cool off is through the skin; air movement and water (as in a swimming pool) are ways to improve this cooling mechanism.

Heat illness can happen when the body is unable to cool off. Factors that commonly lead to heat illness in children include:

- Overdressing (wearing too many clothes)
- Running or playing vigorously in extremely hot weather
- Not drinking enough fluids, especially water
- Being left in an extremely hot environment, such as in a hot vehicle. Even with the windows down, the inside temperature of a vehicle can quickly reach 90 degrees Celsius

There are Four Main Forms of Heat Disorders:

1. **Sunburn:**
   - Symptoms:
     Redness, pain, swelling of skin, blisters, fever and headaches.
   - Treatment:
     Leave water blisters intact to speed healing and avoid infection, if breaking of blister occurs, apply dry sterile dressing. Serious cases should be seen by a physician.

2. **Heat cramps:**
   - Symptoms:
     Heavy sweating can cause painful muscle spasms usually in the legs but possible in the abdomen.
   - Treatment:
     Apply firm pressure on cramping muscles or gently massage to relieve spasm; give sips of water, if nausea occurs, discontinue sips of water, move person to a cooler place to rest in a comfortable position. Observe the person carefully for changes in condition.
3. **Heat Exhaustion:**

   **Symptoms:**
   Heavy sweating, weakness, cold, pale and clammy skin; weak pulse, fainting and vomiting, core temperature usually 38.8 Celsius or higher, but normal temperature is possible.

   **Treatment:**
   Get person out of sun, move to a cooler environment, lay person down and loosen clothing, apply cool wet cloths, give sips of water. If nausea occurs, discontinue sips of water; if vomiting continues, seek immediate medical attention.

4. **Heat Stroke:** Severe medical emergency.

   **Symptoms:**
   High body temperature (41 degrees Celsius or higher), hot, dry skin, rapid and strong pulse, possible unconsciousness.

   **Treatment:** **Call 911. If unable to get person to medical help immediately, do the following:**
   - Move person to a cooler environment
   - Remove outer clothing
   - Reduce body temperature using lukewarm (not cold) water to bathe/sponge the person
   - Do not give fluids


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Check media for weather updates, visit our web site at [hotweatherinpeel.ca](http://hotweatherinpeel.ca) or call Region of Peel Public Health at **905-799-7700** for heat information.
## HOT WEATHER GUIDELINES - CHILD CARE CENTRES

**Hot Weather Guidelines**

**CHILD CARE CENTRES**

Peel Health recommends the following steps to prevent heat related illness.

### General Recommendations

1. Establish a policy and plan to deal with extreme temperatures.
2. Keep children cool and if at all possible, stay in an air-conditioned place.
3. Limit time outdoors between 11 a.m. – 4 p.m. when temperatures and UV radiation are most intense. Offer regularly scheduled rest periods.
4. When outdoors, stay in the shade whenever possible (natural or artificial structure).
5. When in the sun cover up. Encourage children to wear a wide brimmed hat, UV protective sunglasses, and light and loose fitting clothing.
6. Be sure children are well hydrated. Plain water is the liquid of choice; diluted fruit juice is okay.
7. Check regularly on infants and young children to be sure they stay cool and hydrated.
8. Sunscreens/insect repellent are not recommended for infants under six months of age. Keep babies under one year of age out of direct sunlight.
9. Apply sunscreen (SPF 15 or higher) 20-30 minutes before going outside to ensure absorption.
10. When using DEET insect repellent, apply 20-30 minutes after sunscreen has been applied.
11. NEVER leave children in a closed parked vehicle.
12. Monitor children with disabilities and check the heat on metal and vinyl parts of wheelchairs.
13. Check heat of metal slides, monkey bars etc. in playground areas.
14. Staff should role model appropriate heat and sun safety behaviours for children.
15. Staff should be aware of signs and symptoms of heat cramps, heat exhaustion, and heat stroke. Follow first aid procedures promptly.

### During a Heat Alert

- Keep children cool
- Keep children hydrated
- Monitor children closely

**Follow the General Guidelines AND**

- Activate policies and plans to deal with extreme temperatures.
- Suspend all outdoor activity if possible, or limit time spent outdoors.
- Check frequently on children and monitor those in wheelchairs more closely.
- Keep children well hydrated by giving water and diluted fruit juices frequently.
- Provide parents with information on how to keep children cool and provide the Region of Peel's website for additional information.

### During an Extreme Heat Alert

**Follow Heat Alert Guidelines AND**

- Cancel all outdoor activity and keep children indoors. If at all possible, stay in an air-conditioned place or go to the shopping mall, library, recreational facilities or heat relief shelters.

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Check media for weather updates, visit our website at [hotweatherinpeel.ca](http://hotweatherinpeel.ca) or call Region of Peel Public Health at 905-799-7700 for heat information.

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7-18 Created by Region of Peel Public Health May 2006
HEAT ILLNESS
SIGNS AND TREATMENT

Sunburn: redness, pain, swelling of skin, blisters, fever and headaches.
Treatment: leave water blisters intact to speed healing and avoid infection. If breaking of blister occurs, apply dry sterile dressing. Serious cases should be seen by a physician.

Heat Cramps: heavy sweating can cause painful muscle spasms usually in the legs but possible in the abdomen
Treatment: apply firm pressure on cramping muscles or gently massage to relieve spasm; give sips of water, if nausea occurs discontinue sips of water, move person to a cooler place to rest in a comfortable position. Observe the person carefully for changes in condition.

Heat Exhaustion: heavy sweating, weakness, cold, pale and clammy skin; weak pulse, fainting and vomiting, core temperature usually 38.8 Celsius or higher, but normal temperature is possible.
Treatment: get person out of sun, move person to a cooler environment, lay person down and loosen clothing, apply cool wet cloths, give sips of water. If nausea occurs, discontinue sips of water; if vomiting continues, seek immediate medical attention.

Heatstroke: severe medical emergency, high body temperature (41 degrees Celsius or higher), hot, dry skin, rapid and strong pulse, possible unconsciousness.
Treatment: Call 911, if unable to get person to medical help immediately, do the following:
- Move person to a cooler environment
- Remove outer clothing
- Reduce body temperature using lukewarm (not cold) water to bathe/sponge the person
- Do not give fluids
- Check media for weather updates, visit our website at hooweatherpeel.ca or call Region of Peel Public Health at 905-792-1700 for heat information

May 2006
Created by Region of Peel Public Health

Region of Peel
Working for you
REFERENCES


RESOURCES
1. Information About Anaphylaxis and Epipen®:

   - Region of Peel, “School Health Manual Section on Anaphylaxis and Emergency Response Procedure,” R.E.A.C.T. (see Appendix #3)

   - “Anaphylaxis in Schools and Other Child Care Settings,” 1995 (see plastic sleeve).

   A consensus statement of the Canadian Society of Allergy and Clinical Immunology, Ontario Allergy Society and Asthma Information Association. Its purpose is to help simplify the management of anaphylaxis for the public. This information is also available at: www.calgaryallergy.ca www.oma.org/phealth/allergy.htm.


2. Information About Bee Stings:

   - Public Health Branch, “First Aid for Bee and Insect Stings.” Ministry of Health, Ontario (see plastic sleeve).

   - “Bee Careful and Insect Stings,” at: www.healthyontario.com
SECTION: FIRST AID

3. Community Resources:

- **Allergy Asthma & Immunology Society of Ontario**
  The Allergy Asthma & Immunology Society of Ontario offers public service information regarding anaphylaxis and allergies.
  www.allergyasthma.on.ca
  416-633-2215

- **Allergy Essentials**
  Allergy Essentials provides various educational materials related to anaphylaxis including: Epipen® training tools, educational videos, reference books, children's story books, posters, stickers and buttons. These materials can be ordered online or by calling the agency directly.
  www.allergy-essentials.com
  1-888-850-6051
  Fax: 613-253-8775

- **Anaphylaxis Canada**
  The Anaphylaxis Network maintains a phone line with volunteers to assist with questions or concerns regarding anaphylaxis. This line also acts as a phone line for the Anaphylaxis Speakers Bureau (fee for honorarium and travel expenses incurred by the speaker), as well as providing access to order more Epipen® trainers and posters. Educational materials, workshops and conferences can be arranged through this organization.
  www.anaphylaxis.ca
  www.anaphylaxis.org
  416-785-5666

- **Canadian Medic Alert Foundation**
  Medic Alert offers the protection of a universally recognized emergency medical identification and information service. Custom engraved bracelets or necklaces with member ID number can be purchased by calling 1-800 number.
  www.medicalert.ca
  1-800-668-1507
  Fax: 1-800-392-8422
SECTION: FIRST AID

- **Health Line Peel**
  Public Health Nurses are available by phone for consultation around management of anaphylaxis in schools or child care centres. Information and consultation concerning routine practices is also available.
  905-799-7700

- **St. John Ambulance**
  Provide training and service concerned with first aid, CPR and health promotion.
  Brampton: 905-459-2440
  Mississauga: 905-274-0880

- **The Allergy and Asthma Information Association (AAIA)**
  The AAIA maintains a phone line for those who have questions or concerns around allergies and asthma, including anaphylaxis. School and child care centres are welcome to call and inquire about anaphylaxis presentations for their site (fee for travel expenses incurred by the speaker).
  [www.cadvision.com/allergy](http://www.cadvision.com/allergy)
  [www.calgaryallergy.ca](http://www.calgaryallergy.ca)
  1-888-250-2298
IN CASE OF AN EMERGENCY

Emergency Numbers

Ambulance/Police/Fire Department
Poison Information Center (Hospital for Sick Children)
Nearest Hospital
Taxi

Child Care Centre Information:

Name of centre:
Address:
Phone number:
Nearest cross street:

Information About the Child

• Level of consciousness (awake, drowsy, unconscious)
• Breathing
• Age
• Type of injury (e.g. fracture, bleeding)
• Any known medical condition
**SAMPLE: AUTHORIZATION FOR ADMINISTRATION OF MEDICATION**

I give my permission for ___________ to be administered the following medication by the child care provider.

Name of medication: ___________________________________________________________________

Amount of medication to be administered: ___________________________________________________________________

Times medication to be administered: ___________________________________________________________________

Dates medication to be administered: ___________________________________________________________________

Parent/Guardian signature: ___________ Date: ______________________

**Medication Administration Record:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Administered</th>
<th>Amount Given</th>
<th>Administered by (Signature)</th>
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R.E.A.C.T. (EMERGENCY RESPONSE PROCEDURE)

From School Health Manual Peel Region


R. RECOGNIZE SYMPTOMS of anaphylactic shock following suspected or actual contact with a known allergen.

The clinical course of anaphylaxis is extremely variable. The onset, duration and severity of an anaphylactic reaction can vary from person to person and from exposure to exposure in the same person.

Skin: Hives
       Itching
       Swelling - eyelids, lips, tongue, face, feet, hands, genitalia
       Flushing (redness)

Respiratory: Throat tightness or closing
              Change of voice - raspy, hoarseness
              Wheezing
              Difficulty breathing, gasping for air
              Coughing
              Chest tightness

Cardiovascular: Light-headedness
                Palpitations
                Cool, clammy skin, sweating
                Change of skin colour, pallor
                Fainting or loss of consciousness
                Seizure, convulsions

Nose: Sneezing, runny nose, blocked nasal passages

Eyes: Red, watery eyes

Gastrointestinal: Stomach cramps
                Diarrhea
                Difficulty swallowing
                Vomiting

General: Severe anxiety, disorientation
          Irritability, restlessness
          Sense of doom
R. (Cont.)

Check for a medical alert bracelet, which identifies the allergy and any specific medical information. The child should be under close and constant supervision for two hours after the suspected/actual ingestion or sting. If no reaction occurs within two hours, it is unlikely to occur.

In the event of a child having experienced a life-threatening reaction in the past, their physician may elect to have the Epipen® given immediately after the suspected or actual sting or ingestion and before any reaction occurs. This again reinforces the importance of consulting with the child’s parents regarding their child’s specific history and the instructions given by their physician.

E. EMERGENCY SERVICES:

Designate an individual to call 9-1-1 or the local emergency services to request an ambulance. Tell the dispatcher that the child has had an anaphylactic reaction and is in anaphylactic shock (if applicable). Inform the ambulance attendant whether epinephrine has been given.

A. ADMINISTER EPINEPHRINE:

Obtain the Epipen® from the designated storage area if it is not with the child. Assist the child to lie down on the floor. It may be necessary to restrain an unco-operative child.

Administer the Epipen® as follows:

1. Pull out the grey safety cap.
2. Grasp the shaft of the pen, not the end of the device.
3. Press the black-tipped end of the auto-injector against the child’s upper thigh at a 90° angle applying moderate pressure.
4. Listen for a click while pressure is applied which indicates the device has been activated (epinephrine is being injected).
5. Hold the Epipen® in place for at least 10 seconds to allow sufficient absorption of the medication.
6. Remove the pen with caution as the needle is now exposed.
7. Massage the injection site to facilitate absorption and increase comfort.

THE EPIPEN MUST BE ADMINISTERED FIRST. Other medications such as antihistamines, inhaled asthma medication or steroids must not be regarded as first line medications. Antihistamines may only be given subsequently under the supervision of a medical professional.

All students, regardless of whether they are capable of Epipen® self-administration, will require the help of others because the severity of the reaction may interfere with their attempts to inject themselves. Adult supervision is recommended.

The administration of the Epipen® is NOT recommended through snowsuits. This is due to the varying degrees of thickness of material and difficulty landmarking the appropriate injection site. Injections through single layer clothing, including jeans, is acceptable.
C. COMFORT:

Maintain an open airway by placing the child on their side.
Keep the child warm and comfortable.
When possible, elevate legs to maintain adequate circulation to vital organs.
Reassure and remain with the child until emergency help arrives.
Additional epinephrine should be available during transport, especially if the nearest hospital is more than 20 minutes away.

T. TELEPHONE PARENT/GUARDIAN:

Inform the parent/guardian that exposure and/or an anaphylactic reaction has occurred. Reassure the parents and inform them of which hospital emergency department their child has been transported to by ambulance. Give a detailed account of the anaphylactic reaction and the response provided.

NOTE: It is advisable to use Routine Practices at all times.
HEAD LICE (PEDICULOSIS)

Head lice are tiny insects that are about one to two mm (one-eighth of an in.) long. They have special mouth parts for piercing the human scalp. The scalp is punctured to obtain food, resulting in irritation and scratching. Their legs have six pairs of claws and six pairs of hooks that enable them to cling to the scalp. Head lice are a nuisance but not dangerous because they do not carry disease.

HEAD LICE

- Cannot always be seen with the naked eye. Check for the presence of lice using bright, natural light (e.g. a sunny window). A magnifier may also help.
- Lice are hard to spot because they move quickly.

Nits (Eggs)

- Smaller than lice but easier to detect. Each nit is attached firmly to a single hair strand with a glue-like substance.
- Oval shaped, silvery or yellowish white; similar in appearance to dandruff but unlike dandruff cannot be flicked away.
- Often found at the nape of the neck or behind the ears, but all areas of the scalp should be checked.

Life Cycle

The total life cycle from an egg (nit) to sexually mature adult louse is approximately one month. After fertilization, the female lays her eggs particularly on the hairs in the nape of the neck, behind the ears and around the forehead. Each day she lays a few eggs (nits) which are firmly glued to the hair shaft (strand) close to the scalp, and unlike dandruff, they keep on clinging. At body temperature, the eggs hatch in seven to 10 days. The emerging nymph closely resembles the adult and undergoes three stages of change before becoming a full adult in eight to nine days. The females reach reproductive maturity one to three days thereafter. The total adult life span of head lice is about 10 days. In 10 days, a female can produce 50 to 150 nits.

Method of Transmission

Head lice spread either directly, head to head, or (less commonly) indirectly when they are dislodged in clothing, combs, hats, scarves, bed linen, sheets, towels, earphones, etc. Head lice are wingless and do not fly or jump. Head lice may cause severe itching. Sometimes there are no symptoms at all. Live, mature lice are not often seen because of their mobility and short life span.

Children are especially susceptible to head lice because they are grouped together more than adults, and are in head-to-head contact more often.

Getting lice has nothing to do with dirt or standards of hygiene.

Signs of lice

- Persistent itching and scratching. Scratch marks or rash on the neck and scalp.
- There may be no symptoms at all.
- Identification is confirmed by the sight of head lice on the scalp or nits in the hair.
OUTBREAK MANAGEMENT:

The Operator will:

- Be aware of the symptoms that might indicate an infestation of head lice.
- Verify the reported infestation(s) of head lice.
- Check all children in contact with the infested child(ren). (You may contact a Public Health Nurse at Peel Public Health at 905-799-7700 for telephone consultation, fact sheets, etc.).
- Ensure the parents of those with an infestation are notified and advised to seek appropriate treatment.
- Send home a “Letter of Exclusion” (Appendix #3) and a copy of What Can You Do If You Think Your Child Has Head Lice? Follow the I.T.C.H. — The Facts of Lice,” fact sheet (see plastic sleeve) to the parents of children who have been identified with head lice.
- Exclude from child care those who have an identified infestation until treated.
- Refer parents to “What Can You Do If You Think Your Child Has Head Lice? Follow the I.T.C.H. — The Facts of Lice”, (fact sheet, plastic sleeve).
- Ensure those identified are adequately treated and all nits are removed before readmission.
- Notify in writing all parents of children who have been in contact with a child where an infestation has been confirmed. They need to be alerted to the potential problem (Appendix #2).
- Identify potential areas of concern in the centre. These may include cloakrooms, gymnasiums, change rooms, personal belongings, art smocks, blankets, pillows, hats, “dress-up” clothes and stuffed toys. In the event of a serious outbreak you may wish to thoroughly clean these areas (e.g. vacuum or wash and place on hot drying cycle of the dryer).

Communicating with Parents:

In the appendices, you will find samples of:

- A suggested enclosure for centre newsletters (Appendix #1)
- An exclusion letter for children who have pediculosis (Appendix #3)
- A parent alert letter (Appendix #2)

Past experience indicates mass screening of all children in a classroom or child care centre is not effective in controlling the spread of lice.

The Parent will:

- Be aware of the symptoms that might indicate an infestation of head lice.
- Identify infestations of head lice and notify the child care centre.
- Ensure proper and full treatment is taken and that all nits have been removed before the child returns to the child care centre.
SECTION: PEDICULOSIS AND SCABIES

Peel Public Health will:

✓ Provide telephone consultation regarding prevention, identification and outbreak management through Peel Public Health at 905-799-7700.

✓ Peel Public Health has no role in checking for lice or nits or in the exclusion or readmission of children to child care centres or schools.
SECTION: PEDICULOSIS AND SCABIES

RECOMMENDATIONS FOR PARENTS

If head lice are found, the following procedure is advised for de-infestation of children over two years of age.

Apply head lice treatment that can be purchased from your drugstore at the pharmacy counter, and follow the instructions carefully. **Discuss your child’s age, allergies and health conditions with the pharmacist when selecting a product.**

You may have some success with special nit removal combs, which have teeth that are very close together. These can be purchased at a pharmacy counter. Some work better than others. Some people find them ineffective and prefer to use their fingernails. Divide the hair into sections and pin back the sections not being worked on. Take hold of a strand of hair and run your thumbnail against your index finger from scalp to end, picking each nit off one at a time.

Discard nits into a plastic bag or a cup of water. Continue this procedure until all the nits are removed.

**Note:** If a head is heavily infested with nits, the treatment may not kill all of them. Since only two remaining nits can start a whole new infestation, **all the nits must be removed** before the child is returned to the child care centre. Most products need to be applied twice, one week apart; others follow a different schedule. Follow the product instructions **exactly**. Do not repeat the treatment more often than is recommended.

A good housecleaning is not needed when a family member has head lice. However, you will probably want to wash combs, brushes, bedding, headgear, towels and clothing in hot water. The heat of the water or a hot drying cycle will kill any live lice and nits. Any items that cannot be washed should be placed in a plastic bag and sealed for 10 days.

**To avoid the possibility of re-infestation, de-infestation has to be immediate and thorough.** Check all family members and treat those infested, as they can pass lice back and forth among themselves for weeks.

**Important:** Consult a physician before applying any head lice treatment to children under two years of age.
SECTION: PEDICULOSIS AND SCABIES

READMISSION OF CHILDREN

Children may be readmitted after a proper application of the required treatment and removal of all nits. Such a treatment need not take longer than one day.

It is Recommended That:

(a) Someone in the centre make a cursory examination of the child on his/her return to the child care centre to check that all lice and nits have been removed.

(b) If any doubt exists that the child is not clear of nits, then telephone consultation may be sought from Peel Public Health by phoning the nurse at Peel Public Health for advice at: 905-799-7700.

Note: If a head is heavily infested with nits, the head lice treatment product may not kill all of them. Since just two remaining nits can start a whole new infestation, it is essential that all the nits be removed before the child is returned to the centre. Further treatment may be required seven to 10 days following the first treatment as per treatment directions.

PREVENTION

From time-to-time, there may be cases of pediculosis (head lice) in a child care centre. This should not be a cause for alarm. They are a nuisance but are not hazardous to health, as they do not carry disease. One of the most important steps for both prevention and treatment is knowledge. Parents and child care staff have a large role in the prevention of the occurrence and spread of pediculosis.

Preventative Measures

1. Include a preventive message in a newsletter (Appendix #1).
2. Blankets should be washed regularly.
3. Regularly remind children not to share belongings such as combs, hats, scarves, helmets, etc.
4. Encourage children to keep their hats and scarves in coat sleeves or pockets.
5. Children should put their coats on separate hooks.
6. It is preferable for long hair to be braided or tied in ponytails rather than hanging loose.

Peel Public Health is available to provide advice to parents and child care providers about treatment and prevention. Peel Public Health can be reached by calling the nurse at Peel Public Health at 905-799-7700. Information about specific treatment products should be obtained from a pharmacist.

Remember:

1. Pediculosis (head lice) is a nuisance but not a health hazard; it does not carry disease.
2. Head lice is easily spread, either directly (head-to-head) or indirectly when they are dislodged in clothing, combs, hats, scarves, bed linens, towels, earphones, etc.
3. They are wingless — they cannot fly or jump.
4. Children are especially susceptible because they group together.
5. Getting lice has nothing to do with dirt or standards of hygiene.
6. Anyone can get head lice — they know no barriers of age, sex, race or social class.
SECTION: PEDICULOSIS AND SCABIES

BODY LICE (COMMONLY CALLED “CRABS”)

Body lice are small insects related to head lice that are primarily found in pubic hair. Occasionally they are found in the beard, moustache or under the arms.

Body lice are usually transmitted by sexual contact with someone who is infested. They can also be transmitted by close physical contact (e.g. sharing a bed and occasionally from an infected person’s towels or clothing). Body lice do not jump from person-to-person. They can be transmitted via toilet seats recently used by an infested individual.

Body lice can move from pubic hair to other hairy places on the body as you scratch and then touch other places. The more you scratch, the faster the lice move from one part of the body to another. Since body lice are highly contagious (by direct contact with the infested area) affected individuals should refrain from all sexual activity until appropriate treatment has been completed.

Symptoms include intense, persistent itching in the genital or rectal area. Crabs or eggs may also be seen. Scratching may lead to infection. Sometimes, blood may be found on underwear from places where lice have burrowed under the skin.

Body lice can be eradicated at home with preparations available from a pharmacist (no prescription required). However, these preparations should not be used on children under two years of age.

All clothing that has been in contact with the body should be thoroughly washed or dry-cleaned. All used bed linens should be washed.
REFERENCES


RESOURCES


2. Pediculosis and the Child Care Centre (sample newsletter insert, Appendix #1).

3. Sample letter for distribution to all parents or guardians when a case of pediculosis (head lice) has been identified in the child care centre (Appendix #2).

4. Sample exclusion letter for parents or guardians when their child is found to have pediculosis (head lice) (Appendix #3).

5. Scabies (fact sheet, Appendix #4).

For More Information:

Peel Public Health 905-799-7700

A public health nurse can provide phone consultation regarding prevention, treatment and outbreak management through Health Line Peel.

Websites

Region of Peel
www.peelregion.ca

Canadian Paediatric Society
www.cps.ca

National Pediculosis Association
www.headlice.org

The Center for Health and Health Care in Schools
www.healthinschools.org
PEDICULOSIS AND THE CHILD CARE CENTRE

From time-to-time, there may be cases of pediculosis or head lice in a child care centre/nursery school. This should not be a cause for alarm. They are a nuisance but not hazardous to your child’s health. They do not carry disease. One of the most important steps in both the prevention and treatment of pediculosis is knowledge.

Head lice are tiny, wingless insects with flattened bodies. They are about 1/8 of an inch long and can take on the colour of the hair to which they are attached. As a result, they are difficult to see. More easily seen are the eggs or nits. Nits are oval shaped, silvery, yellowish white, and often mistaken for dandruff. They may lie very close to the scalp especially behind the ears and the nape of the neck and are firmly attached to the hair shaft.

Head lice spread either directly, head-to-head, or indirectly when they are dislodged in clothing, combs, hats, scarves, bed linens, towels, earphones, etc. Head lice are wingless. They cannot fly or jump. Children are especially susceptible to pediculosis because they group together frequently. It is important to know that getting lice has nothing to do with dirt or standards of hygiene.

The treatment for pediculosis is time-consuming. Specially medicated shampoo or creme rinse is available from your pharmacist. Carefully follow the manufacturer’s directions and remove all nits from the hair. Consult a physician before applying any medicated shampoos or treatment products to children under two years of age.

If the presence of head lice is detected in the child care centre/nursery school, those children with pediculosis will be sent home for immediate treatment. Parents will be notified and requested to examine their own child’s head. Past experience indicates that mass screening of all children in a child care centre is not effective in controlling the spread of lice.

Peel Public Health is available to provide information and advice to parents, child care centre staff and students about treatment guidelines and prevention. Peel Public Health can be reached by calling the nurse at Peel Public Health at 905-799-7700.

A pharmacist should be consulted about specific treatment products.
Appendix #1

PEDICULOSIS AND THE CHILD CARE CENTRE

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Peel Public Health is available to provide information and advice to parents, child care centre staff and students about treatment guidelines and prevention. Peel Public Health can be reached by calling the nurse at Peel Public Health that 905-799-7700.

A pharmacist should be consulted about specific treatment products.
Appendix #3

HEAD LICE LETTER #2 (EXCLUSION) FOR PARENT/GUARDIAN

Date:______________

Dear Parent/Guardian:

Your child is being excluded from child care centre/nursery school because Pediculosis (head lice) has been discovered on his/her scalp. Head lice outbreaks among children are common. However, they can be controlled and reinfections can be prevented by carefully completing the following instructions.

1. Don’t panic!
2. Examine the hair and scalp of all family members in a well-lit area. Part hair in small sections and inspect the whole head.

   Head lice are tiny, wingless insects with flattened bodies. They are about 1/8 inch long and can take on the colour of the hair to which they are attached. As a result, they are very difficult to see.

   More easily seen are the eggs or nits. Nits are oval shaped, silvery, yellowish white, and often mistaken for dandruff. They may lie very close to the scalp, especially behind the ears and at the nape of the neck and are firmly attached to the hair shaft.

3. Treat all persons affected with a specially medicated shampoo or creme rinse available at drugstores from the pharmacist. Note: follow manufacturer’s directions exactly.
4. Remove all nits from the hair shaft using a fine-toothed comb, tweezers, or fingers. All nits must be removed before readmission to child care centre/nursery school.
5. Wash all brushes, combs, barrettes or hair ornaments with the medicated shampoo.
6. Wash, in hot water, all items the affected person(s) came in contact with; e.g. clothing, jackets, hats, linen, pillows, toys (dry clean items that cannot be washed).
7. You may wish to vacuum all carpeting or upholstered items that the affected person comes in contact with; e.g. carpets, sofas, chairs, mattresses, car upholstery. However, extensive housecleaning is not necessary.
8. Notify the child care centre that proper treatment has taken place by returning the attached form.
9. Prevent reinfections: examine your child’s head regularly. Itchy heads are often a first sign. Teach your child not to share combs, brushes, hats, scarves, etc.

If you require further information or advice in dealing with this problem, please contact the nurse at Peel Public Health at 905-799-7700.

Name of Child: ___________________________

Please check off the following and return this sheet with your child:

a) Did you use special lice treatment from a pharmacy? YES NO
b) If you used special lice treatment, please give name of product. YES NO
c) Were other household members checked and treated if infested? YES NO
d) After treating, did you remove all nits from your child’s hair? YES NO
SCABIES

Scabies is an annoying yet common condition of childhood. It is not due to a lack of proper cleanliness. Scabies affects persons from all socio-economic classes without regard to age, sex or standards of personal hygiene. This condition is quite easy to treat with medication that is available from a pharmacist.

Humans are the source of infection for scabies; transmission occurs through close personal contact. Tiny insects called mites that live only on the skin of people cause it. These mites burrow under the skin and cause an itchy rash to appear. The rash usually appears between the fingers or around the wrists and elbows, although it may appear anywhere.

Scabies is spread from person-to-person by touch or by direct contact with clothing or other personal items. These mites cannot live outside the body for longer than four days. They will die if clothing is washed in hot water and dried in a hot dryer. The mites will also die if clothing does not touch a person for more than four days.

What to Look for:

Most persons do not experience the symptoms of scabies until about four-to-six weeks after contracting the disease.

The rash looks like curvy white threads, tiny red bumps or scratches. It is intensively itchy, especially at night.

In infants, the rash may appear on the head, face, neck, chest, abdomen, or back. In adults and older children, the most common sites are between the fingers, along the wrists, along the belt line and navel, the inner thighs, the buttocks, or the genitals.

How to Get Rid of Scabies:

1. Visit the doctor if you suspect scabies. All members of the household may need to be treated.
2. Scabies is treated by a medication that contains five per cent Permethrin and is available from the pharmacist without a prescription. It is applied to the skin from the neck to toes in the form of a lotion. The pharmacist will explain how to apply the lotion. Pregnant women and children under two years of age should consult their physician before using Permethrin.
3. Itching may last for several weeks following treatment with the medication. Itching is due to the fecal pellets and eggs left behind by the mites in the skin. The itching will subside with the natural loss of the upper layer of skin. Another treatment is only necessary if live mites appear or new lesions develop.
4. Wash the infected child's bedding, towels and clothes in hot water, and dry in a clothes dryer at the hottest setting.
5. Notify your school, classroom teacher or child care centre provider. Scabies can spread easily among children who have close physical contact with each other.

Keep your child at home until the day after treatment. For further information, call Peel Public Health at 905-799-7700.
INTRODUCTION

There are many components that contribute to the healthy development of a young child. Much is known about fostering a healthy body, and now much more is known about promoting mental health. In this section, you will find a variety of topics that contribute to the development of a healthy body and a healthy mind. These are areas in which health department staff have a special interest.

HEALTHY MINDS

- Promoting mental health and brain development
- Raising non-violent children
- Raising sexually healthy children
- Dealing with diversity

HEALTHY BODIES

- Preventing injury
  - Sleep position for babies/tummy time
  - Car seat safety
  - Bicycling and scooter safety
  - Bicycle carrier and trailer safety
  - Toddler ride-on toy safety
  - Creating a safe environment
  - Scent and sensitivities
  - Air quality
  - Fire safety
  - Scalds and burns
  - Playground safety
  - Frequently asked questions about Chromated Copper Arsenate (CCA) wood
  - Sun safety information to prevent heat-related illness
- Promoting active living
- Smoke-free places for children
- Tobacco Control Act

Note: Resources for the list of topics identified above can be found at the end of this section of the manual.

LEGISLATION

Day Nurseries Act
Highway Traffic Act
Ontario Fire Code
Tobacco Control Act
THE EARLY YEARS LAST FOREVER: PROMOTING THE MENTAL HEALTH OF YOUNG CHILDREN

Individuals who provide child care are very important people. A stimulating child care setting helps promote the healthy development of children. Child care providers have an important role as educators and role models for parents and as nurturing parent substitutes for children. This role is especially important for children with negative life experiences. Research shows the most important factor in helping these children turn their lives around is having a caring adult — a teacher, a neighbour, or a relative — who took an interest in them and acted as a role model.

This section focuses on information pertinent to mental health promotion in a child’s early years. It is meant for child care providers, but can also be shared with parents.

BRAIN DEVELOPMENT

Most of us know instinctively that young children need love and stimulation. Now neuroscientists are providing proof of this. Up until just a few years ago, it was thought that brain development was influenced mainly by genetics. Now researchers have proven that the quality of the relationships that a child experiences during the first five years of life determines how their brain grows and develops.

A baby is born with most of the brain cells that they will ever have, but most of these cells or neurons are not yet connected. When a baby has a secure nurturing relationship with at least one adult, pathways or wiring patterns start to develop. During the first five years, a child develops the brain pathways necessary for developing language and learning skills, the ability to cope with stress, develop self-esteem and have healthy relationships. If a child does not receive this critical nurturing and stimulation, some of the pathways will not develop in the brain. These differences can affect children for the rest of their lives.

The Canadian Institute of Child Health (CICH) has compiled 10 guidelines "that can help parents and other caregivers raise healthy, happy children and confident, competent learners”. For more details on each tip, please refer to the booklet "The First Years Last Forever".

Promoting young children’s healthy development and school readiness: 10 guidelines

1. Be warm, loving and responsive
2. Respond to the child’s cues and clues
3. Talk, read, and sing to your child
4. Establish routines and rituals
5. Encourage safe exploration and play
6. Make television watching selective
7. Use discipline as an opportunity to teach
8. Recognize that each child is unique
9. Choose quality child care and stay involved
10. Take care of yourself

Note: Resources for “Promoting Brain Development” are available at the end of this section of the manual.
RAISING NON-VIOLENT CHILDREN

Since 1996 when Dr. Peter Cole, the former Medical Officer of Health for the Region of Peel, first announced his intention to declare violence the number one health hazard in Peel, violence prevention has remained a priority issue for Peel Public Health.

What are some issues around violence that can affect children’s mental health and self-esteem? What can we do to make a difference?

MEDIA VIOLENCE

In our technological society, children are bombarded with images of violence on television, videos, films, video games, books, cartoons and the Internet. Studies have shown that the effects of frequent viewing of violence on television by children include increased aggressive behaviours, insensitivity to the pain and suffering of others, and increased fearfulness of the world around them (Canadian Radio and Telecommunications Commission, 1996).

The Peel Media Violence Group was a group of community organizations in Peel concerned about media violence and its impact. This group has compiled a number of tips for parents:

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Media Violence
What is a Concerned Parent to do?
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• Be aware of what your children watch.
• Learn about new movies and videos and set guidelines for your children about what is appropriate to watch.
• Let your children know you don’t like violence in the media. Explain in simple terms; for example, “I don’t like shows where people hurt or hit other people”.
• Remind children they have control over what they watch. When a show is too scary or outrageous, teach them to turn it off.
• Find out your children’s feelings and impressions about the shows and advertising they see. Discussions like these help improve their understanding of the program’s or commercial’s content. It also helps them to be critical of what they watch.
• Let relatives, friends and babysitters know your views about violent media. Inform them of any guidelines you have set regarding your children’s exposure to violent media.
• Complain to media organizations about objectionable content. Insist on better programming for children.
• Encourage other fun activities such as sports, reading, music and social outings as alternatives to the television.
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SECTION: HEALTH AND SAFETY–MIND AND BODY

FAMILY VIOLENCE

Family violence has long-term implications for a child’s mental health and future relationships. Children who witness violence against their parents experience the same types of emotional and behavioural problems as children who experience direct abuse. Children who witness violence are at risk for further violence as adults, either as the abuser or the victim.

Children who live with violence in their homes learn the following lessons:

- Violence is an appropriate way to solve problems
- Violence is a part of intimate relationships
- It is acceptable for males to use violence to gain power and control over women
- The victims of violence should tolerate this behaviour

“Shades of Grey: The Continuum of Violence”

How Can You Help?

- Be sensitive to the possibility that parents and/or co-workers may be experiencing this problem. Ask if there is anything you can do to help. Be willing to listen non-judgementally. Become familiar with community resources that might be helpful (refer to "Community Resources for Parents of Young Children" in the section “Children and Families Needing Special Help”).
- Help children learn cooperative methods of solving problems, safe ways to handle their anger, and respectful ways of treating others.
- Set a good example for other parents about effective discipline methods that are respectful of children (e.g. natural and logical consequences, time-out, giving choices).

Peel Public Health will:

- Facilitate "Nobody’s Perfect" group for parents and caregivers. Over a six-to-eight week period, parents can get group support and new information to help them with concerns common to parents of young children age five years of age and under.

BULLYING

“A person is being bullied when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other persons.” (Olweus, 1993).

Bullying is a form of violence that is learned. A bully is someone who uses verbal, emotional or physical abuse against another person. This can include teasing, name-calling, hitting, pushing, taunting and ridiculing. This is a serious global problem with mental health implications for both the victim and the bully. Onlookers become desensitized to the violent activity around them. A study by Wendy Craig, a psychologist at Queen’s University, indicates that children as young as four years of age can already be bullying others.
SECTION: HEALTH AND SAFETY–MIND AND BODY

While conflict is a normal part of growing up, bullying is not. Children who use aggression to acquire power over a situation can develop lifelong habits that can lead to criminal behaviours such as harassment, sexual violence, gang attacks and other forms of abuse. Action needs to be taken to prevent bullying behaviours early in a child’s development. Preventative work with parents and young children can be part of the solution.


How Can You Help?

• Teach children to be courteous and respectful.
• Help children understand how their behaviour effects others; build empathy.
• Encourage children to tell each other how their behaviour makes them feel e.g. "Tell Matthew how you feel when he takes your toy away from you."
• Teach children safe ways to handle their anger.
• Set an example by using effective discipline methods that are respectful of children (e.g. natural and logical consequences, time-out, giving choices).
• Be a child’s best role model.

Note: Resources for “Raising Non-Violent Children” are available at the end of this section of the manual.
RAISING SEXUALLY HEALTHY CHILDREN

Sexuality is learned. It involves how we feel about ourselves as males or females, our attitudes, feelings and values, our understanding of, and comfort with our bodies and how we express affection and relate to others.

Children learn about sexuality regardless of what the adults around them tell them or don’t tell them. They get messages about their sexuality from the way they are touched and treated, from the way adults respond to their bodily functions, from the response they get when they show normal curiosity about their bodies and the bodies of others, and from their treatment as males and females. Children also get powerful messages from the media – such as children’s television programs, soap operas, and advertising. And as they grow older, they increasingly get both information and misinformation from their friends.

It is well documented in sex education literature that it is very important for sex education to promote self-esteem. People who feel good about themselves are not available for exploitation and do not exploit others. Literature also states that you cannot tell a child too much. Knowledge doesn’t stimulate inappropriate behaviour, ignorance does.

Parents and caregivers can play an active role in helping children get positive messages about sexuality. When they talk to children in a warm and positive manner and treat their curiosity with respect, children get powerful messages:

- Sexuality is a natural part of life
- Bodies are good
- Sex is a topic that children can talk about with adults and friends

WHAT’S NORMAL SEXUAL BEHAVIOUR?

Children are sexual beings from the time they are born. Infancy is a sensuous period — babies need to be held, caressed, and kissed in order to develop normally. From this touch, they get important messages about their bodies and themselves. Young children are curious about everything, including their bodies and the bodies of others.

The chart that follows will help you understand more about expected sexual development at different ages. It is important to realize that these behaviours are not sexual in the adult sense, but are entirely based on curiosity and normal development.
### SEXUAL DEVELOPMENT—WHAT CAN I EXPECT?

#### What to Expect from Birth to Age Two: At this stage, children:
- learn about love and trust through loving relationships with parents and their caregivers
- explore their bodies including their genitals
- may have erections or lubricate vaginally
- experience genital pleasure
- begin to learn, and demonstrate, expected behaviours
- begin to notice differences between the bodies of boys and girls, children and adults

#### What to Expect from Age Three to Age Five: At this stage, children:
- become very curious about bodies, and the differences between boys and girls
- may play “house” or “doctor” (forms of body exploration) or engage in “sex play” with friends
- learn they are either male or female
- learn about female/male roles by observing others
- often enjoy learning about, and talking about, body parts and functions
- find adult bathroom activities interesting
- ask questions about birth or pregnancy such as, “Where do babies come from?”
- may learn words related to sex and try using them
- may mimic adult sexual behaviour
- may begin to masturbate

#### What to Expect from Age Six to Age Eight: At this stage, children:
- begin to have strong friendships with children of the same sex
- may be affected by stories they hear in the media regarding sexual issues, such as abuse
- have definite ideas about male and female roles
- have a basic sexual orientation and identity
- want to be like their peers; for example, boys/girls may feel pressured to choose the type of toys and activities that other boys/girls choose
- may engage in name-calling and teasing
- may continue with sex play
- may begin to masturbate

#### What to Expect from Age Nine to Age 12: At this stage, children:
- may begin the changes of puberty
- become more modest and want privacy
- continue to value same-sex friendships
- may experience increased sexual feelings and fantasies
- develop crushes on friends, older teens, teachers and rock stars among others
- may develop romantic feelings directed towards people of the opposite sex
- may develop romantic feelings directed towards people of the same sex
- may take part in sexual exploration with peers
- may masturbate to orgasm
- may have to face decisions about sex and drugs
SECTION: HEALTH AND SAFETY–MIND AND BODY

HOW TO TALK TO KIDS ABOUT SEXUALITY:

• Help children learn the correct names for all their body parts; include words like nipples, breasts, penis, clitoris, vulva, vagina, testicles, anus, etc.
• Talk about genitals just like you would talk about any other body part.
• Help them understand the similarities and differences between ‘girls’ and ‘boys’ bodies. You might say, "Boys and girls have many body parts that are the same and a few that are different. Boys have a penis and testicles; girls have a clitoris and a vulva."
• Buy dolls that are anatomically correct.
• Read age appropriate books regarding sexual development (see resource list).
• Include books that do not stereotype male and female behaviour.
• Provide equal opportunities for girls and boys. Do not impose sex role stereotypes.
• When children ask questions about sexuality, listen carefully. Ask them what they think. This helps you find out more about what the child already knows and what they want to know.
• Answer children’s questions honestly and simply. See if they are satisfied with the information you have given them, or if they have more questions.
• Toddlers and preschoolers are concrete thinkers. They will have trouble understanding abstract concepts. For example, when a child is told a baby grows in a mother’s tummy she/he may believe the baby is mixed in with the food in her stomach.
• Expect that questions will come up again. Children will ask for more information as their ability to understand increases.
• If you don’t know how to answer a question, say you don’t know but will find out and share the answer with them. Be sure to follow through.
• Bring up sexuality issues in response to events happening in the child care centre such as a teacher or parent who is pregnant.
• Recognize that parents have the primary responsibility for educating their children about sexuality and values. Keep communication open.

HANDLING PRESCHOOL SEXUAL BEHAVIOURS

It is important to think about how you will handle expected sexual behaviour — like observing a child self-pleasuring (masturbating) or finding children playing doctor. While there is no one correct way of handling any situation, it is extremely important to ensure the child’s self-esteem is maintained and no child is made to feel guilty for this very normal behaviour. These situations can actually become teachable moments. It can be a time for learning about public and private behaviours and public and private body parts. It can be an opportunity to teach children what is expected behaviour in their child care centre.

For example, should you find children playing doctor, instead of saying, "Stop that!!! That’s not nice!" you might say, "I see you are examining Jason just like the doctor does. It's okay to be curious, but in school, we expect everyone to keep their clothes on. So how about you get dressed now and if you have some questions about what boys look like, I have some books we can look at together."
SECTION: HEALTH AND SAFETY–MIND AND BODY

In response to a child self-pleasuring, you might say, "I know it feels good to touch your clitoris, Courtney – but remember it’s a private part. Where do people go when they want to touch a private part?"

Sex play among children can be considered natural and expected if the children are friends, are willing participants, and are of similar age, size and mental ability. It is an expression of curiosity about bodies and sexuality.

SEXUAL BEHAVIOUR THAT CAUSES CONCERN

It is important to be aware of sexual behaviour that seems problematic. Some areas of concern would be when children:

- Behave in a sexual manner towards adults and other children
- Exhibit sexual knowledge that is more typical of adults
- Exhibit age inappropriate sexual play with toys, self, or others
- Use size, age or mental development to bully or coerce others into sexual activity
- Frequently engage in sexual behaviours and continue this behaviour after being given clear messages to stop
- Hurt, embarrass, or frighten other children with their behaviour
- Express feelings such as guilt, shame, anxiety, fear or anger following sexual behaviour

Children need to receive a clear message to stop any behaviour that is unacceptable or hurtful to others. However, it should be done in a respectful and caring manner, without the adult over-reacting. The child can be helped to understand how their behaviour makes others feel, and that others have the right to be protected from any unwanted behaviour such as touching or offensive language.

It is always important to consider that problematic sexual behaviour may be the result of sexual abuse. For more information, refer to the section on child abuse in the section "Children and Families Needing Special Help."

SEXUAL HEALTH EDUCATION HELPS PREVENT SEXUAL ABUSE

When we talk to children about sexuality topics from an early age, they learn that the adults around them are “approachable”. They will learn that they can come for help if they are confused about anything, including sexual touching. When we help children learn the correct names for their genitals, discussions about sex move from being giggly, naughty, or guilt-ridden to being something that can be talked about openly.

Other Helpful Messages That Can Help Protect a Child from Sexual Abuse Include:

- Babies and small children need help with many things like bathing, toileting and dressing. They need help from adults until they are old enough to do it for themselves.
- Adults and older children should never "play" with children’s private parts. Private parts should always be treated with respect.
- Make sure children are aware of touch that is inappropriate. Teach your children what is and what is not acceptable. Remember not to limit your discussion to strangers. Most sexual abusers are someone the children know and trust.
SECTION: HEALTH AND SAFETY–MIND AND BODY

• Touching should never be a secret.
• Children can ask adults for help if they are feeling mixed-up or confused about anything (this could include feelings about touching, secrets or private parts). Assist each child to identify several adults they would feel comfortable asking for help.

DRESSING, BATHING, TOUCHING:

• Adults and older children can bathe, dress and go to the bathroom on their own. Children don’t need help from other children. If they need help with their private parts they should ask another adult.
• Sometimes we like to be touched and sometimes we don’t. It’s acceptable to say no if we don’t want to be touched.
• If someone says “don’t touch me,” “stop,” or even if she/he doesn’t look happy about the way we are touching him/her, then we must stop.

“Care for Kids: Early Childhood Education and Sexual Abuse Prevention,” developed by the Leeds, Grenville and Lanark District Health Unit, used with permission, (1994).

For more ideas, please see the resources at the end of this section and visit our website at www.peelregion.ca. Search for “raising sexually healthy children”. For further support, you may also call Peel Public Health at 905-799-7700 and ask for Sexual Health.
DEALING WITH DIVERSITY

CULTURE

Were You Aware That:

• There are 32 distinct ethnic groups in the Peel Region
• 53 different languages are spoken
• The largest faith communities are Christianity, Sikhism, Hinduism and Islam
• It is estimated that by 2001, 40 per cent of Peel Region’s population will consist of new Canadians


The nature of our community means we are all exposed to a variety of cultures on a daily basis.

How Can We Become More Culturally Sensitive?

• Learn more about various cultures and their beliefs
• Respect the strengths of different cultural practises
• Don’t attach labels
• Recognize that even within cultures, children and families may be very different from one another

The culture we come from influences our child-rearing practices and determines the value we place on characteristics such as independence, cooperation, creativity and play. Each culture begins disciplining children at different age levels. In many eastern cultures, children are usually brought up in a relaxed atmosphere where disciplining does not begin until they reach school age. The children are very much revered and may be allowed to do as they wish.

Often, children eat when they are hungry and sleep when the parents are also ready to sleep. Usually in these cultures interdependence and cooperation are greatly stressed with these children being helped longer with feeding, dressing and bathing. In western cultures early achievement of independence is encouraged. Being aware of culturally accepted behaviours will allow child care providers to be more sensitive to individual children’s needs and parent’s expectations.
SECTION: HEALTH AND SAFETY–MIND AND BODY

FAMILY COMPOSITION

In Peel today another area of diversity is the make-up of a child’s family; mother, father and child are not necessarily the most common type of family. Children may live with a single parent of either sex, two parents of the same sex, blended families due to remarriage or large extended families where grandparents are the primary caregivers.

What Can You Ask Families in Order to Learn More About Them and Their Beliefs and Values:

• Who is the primary caregiver?
• Who does the child live with?
• What other people are important in the child’s life?

• How long have they lived in Canada?
• What country have they come from?
• Did they come from a city or a rural area?

• What language(s) do they speak at home?
• Do they identify with any ethnic group in the Region of Peel?
• Do they receive support from that group?
• Are there cultural or religious rules about food or dress?
• What special days or times of year are celebrated by their family?

• What kind of discipline is used with small children?
• What routines does the child follow at home?
• Do they have schedules or routines for meals, play time etc.?
• Is the child rocked, does the child sleep alone or does an adult lie down with them, e.g. is the child nursed to sleep? Does the child go to bed when the family does so the child needs a longer nap-time?

• What kinds of games or toys are used at home?
• Do parents play and participate in the games?
• What expectations do the parents have about what the child will learn in the centre?

• What types of food are eaten by the family? Is the food purchased or homemade? How is it served?
• How long are infants or children permitted to drink from a bottle? Are they breastfed?
• Are children spoon-fed or encouraged to feed themselves?


Having a better understanding of the background and child-rearing values of a family can contribute to a smooth transition for the child as they enter the centre.
SECTION: HEALTH AND SAFETY–MIND AND BODY

What Else Can Child Care Centres Do to Celebrate Our Diverse Community:

- Set up a monthly calendar with cultural holidays marked off and celebrate them.
- Decorate the centre with multicultural posters or flags.
- Sing and dance to music from other countries.
- Share stories that have characters of different ages, sex, physical ability and culture.
- Enjoy multicultural foods on a regular basis at meal and snack time.
- Involve parents by inviting them to share a favourite food, recipe or craft.
- Pair up children who enjoy trying new foods with those who are reluctant. Studies show that children are more likely to eat a new food if they see their friends eating it.
- Read books which reflect non-traditional family composition.
- Set up a discovery table featuring the foods, dishes, music and colours of a particular culture. Have materials that the children can explore with all their senses.
- Prepare foods with the children.
- Explore the sights, sounds, smell, touch and taste of a number of fruits and vegetables.
- Buy toys that do not stereotype people by sex, ability or culture.
- Display pictures of men and women from a variety of cultures in nurturing roles and in non-traditional jobs.
- Hire staff who are representative of your community; ask them to share ideas, and songs from their own culture.


How Can You Help:

- Develop policies in your centre that show you value diversity.
- Use the “resource” section to learn about books, or kits that can be purchased or borrowed to enhance your programming.
- Work with parents to plan a multicultural open house for staff, parents and children.

How Can Peel Public Health Help:

- Peel Public Health can put you in touch with multicultural agencies in your area. Call 905-799-7700.

Note: Resources for “Dealing With Diversity” are available at the end of this section of the manual.
SECTION: HEALTH AND SAFETY—MIND AND BODY

SLEEP POSITION FOR BABIES

In 1999 a partnership of The SIDS Foundation, The Canadian Paediatric Society, The Canadian Institute for Child Health and Health Canada made recommendations for infants to be placed on their backs to sleep. The new recommendations were promoted in the “Back to Sleep” program.

The Back to Sleep Recommendations are:

• Place babies to sleep on their back using a firm, flat mattress and keep crib free of clutter.
• Provide a smoke and drug-free environment.
• Keep baby warm, not hot.
• Promote breastfeeding.

TUMMY TIME FOR BABIES

‘Tummy Time’ describes the time a baby spends lying on her tummy while he/she is awake.

Provide supervised tummy time many times a day as soon as the cord has fallen off. It will help a baby develop the strength and skills he/she will need for crawling, walking and using her hands. Tummy time while awake is important to a child’s development.

Providing tummy time helps to prevent a baby from developing a flat head. This can occur from being in one position too often.

TUMMY TIME TIPS:

• The best place to lay an infant is on a clean, firm surface.
• A good surface is a playpen mat on the floor where she is safe and cannot roll off from any height.
• Be careful with blankets and quilts as they can bunch up and block the baby’s breathing and also keep them from moving freely.
• You should be sitting on the floor with the baby.
• If the baby gets tired and falls asleep, you can roll him/her gently onto his/her back to sleep.

Other Ways to Prevent Flattening of a Baby’s Head Include:

• Place the baby in the crib so that the baby’s head is sometimes at the head of the crib and other times at the foot of the crib. The idea is to give the baby a different view of the room and encourage the baby, while sleeping on her back, to turn her head to look at different things upon waking.
• Regularly change mobiles and crib toys to different sides of the crib.
• Change the baby’s head position from side, to back, to side especially if he/she seems to favour one side.
• Provide supervised tummy time and side-lying play many times a day as soon as the cord has fallen off.
• Limit the amount of time that a baby spends in car seats, infant seats, swings and strollers.
• Change positions when feeding, carrying, holding and playing with the baby.
• Increase a baby’s time in an upright position once the baby has good head control.
SECTION: HEALTH AND SAFETY–MIND AND BODY

Tummy Time is Important Because it Helps a Baby Learn to:

• Hold up her head and get strong enough to turn her head from side-to-side.
• Get up on her elbows.
• Get up on her hands with straight elbows.
• Roll from her tummy to her back.
• Roll from her back to her tummy.
• Shift her weight to reach for toys.
• Crawl forward on her tummy and then all fours.

Resources

“More on Preventing Flat Heads,” (http://www.caringforkids.cps.ca/babies/Flatheads.htm)
“More on SIDS,” www.sidscanada.org
CAR SEAT SAFETY

Motor vehicle crashes are the number one cause of death in children one year of age to nine years of age in Canada (Health Canada). Data from the Canadian Hospitals Injury Reporting and Prevention Program shows that children are more seriously injured when they are unrestrained in a vehicle. Properly used car seats reduce the risk of death or serious injury by 75 per cent. Despite the fact that more children are being restrained in some sort of safety seat, many seats are being used improperly. Surveys and car seat clinics indicate the rate of improper use varies from 80 per cent to 90 per cent.

LEGISLATION

Highway Traffic Act

DID YOU KNOW:

- Even in a minor crash or a sudden stop, an adult cannot hold onto a child because the force of impact in a collision is too great.
- A driver can be ticketed for non-use or misuse of a car seat. The fine is $110 and two demerit points.
- On a forward facing child restraint up to 40 pounds, a tether strap must be used as required by the law.
- If a car seat is in a crash (even a minor one) it should be replaced even if it was unoccupied.

COMMON MISTAKES:

- Child in the wrong seat for their age, weight, height and/or development.
- Seat not tight enough in the vehicle (seat should not move more than one inch from side-to-side).
- Chest clip is not at child’s armpit level.
- Harness straps are not in the proper slot (must be at or below the shoulders for rear-facing, at or above the shoulders for forward-facing).
- Harness straps are too loose. You should only be able to fit one finger between the child’s collarbone and the harness strap for rear-facing and the child’s chest and harness strap for forward-facing.
- Tether straps are not used or used incorrectly on forward-facing car seats.
- The booster seat stage is being missed or skipped and children are being moved into a vehicle seat belt too soon.
- An add-on head hugger is being used. These are not recommended because the added padding behind the child can compress in a collision causing the harness straps to loosen.
SECTION: HEALTH AND SAFETY–MIND AND BODY

Various organizations and government agencies are involved in setting regulations and providing information on child restraint systems:

- Transport Canada sets the safety standards on infant and child restraint systems. Each seat sold in Canada must have a label saying that it meets Canadian Motor Vehicle Safety Standards (CMVSS).
- The Ministry of Transportation of Ontario (under highway traffic legislation) requires children to travel in a certified child restraint system until they are heavy enough to use an adult seat belt.
- The Canadian Automobile Association (CAA), under contract to Transport Canada, provides information on child safety seat issues to the general public.
- Health Canada, under the Hazardous Products Act, ensures the safety of child safety seats by regulating their sale, advertisement and importation.
- Safe Kids Canada provides information on child safety seat issues to the general public.

IMPORTANT INFORMATION FOR PARENTS AND CHILD CARE PROVIDERS

- Have family rules about the use of car seats. Wear your own seat belt and make sure children are restrained properly.
- Do not use a car seat that is 10 years or older or one that has been in a collision. Even seats that appear normal can have hairline cracks in the plastic. Some manufacturers now include an expiry date on their car seats.
- When installing a car seat make sure you follow the manufacturer’s directions for the car seat and your car owner’s manual. Not all seats fit safely in all models of cars. Make sure you can return your car seat to the store if it does not fit properly.
- Send in the registration form for the car seat so you will be notified of any problems and/or recalls with the seat.
- It is now recommended that children remain rear-facing until they are at least one year of age and weigh at least 22 lb. (9 kg). Most newer infant/child (convertible) car seats have upper weight limits of 30 lb. - 35 lb. (14 kg - 16 kg) to allow children to remain rear-facing as long as possible.
- Infants who are too tall for their infant only seat (26 inches for most) should be moved to an infant/child (convertible) seat, rear-facing, until they are one year of age and are at least 22 lb. (9 kg).
- Any forward-facing car seat must be used with a tether strap.
- Toddlers who are too tall for their forward-facing infant/child seat (40 inches for most) and who are not yet 40 lb. in weight should be moved to a child/booster seat (combination). This seat is a combination forward-facing car seat (weight up to 40 lb. - 48 lb.) and a booster seat (up to about 80 lb.).
- Booster seats are for older children (over 40 lb.). Booster seats position the child so that the vehicle seat belt fits correctly across the chest and low over the hips in the event of a collision.
- A car seat must not be installed in front of an active air bag.
- The centre, rear seat is the safer position for a child in a child restraint system as it is furthest from all points of impact.
- Transport Canada states that all children under 12 years of age should travel in the rear seat of the vehicle.
TIPS FOR PARENTS...KEEPING KIDS IN THEIR CAR SEATS

Children need rules, but they should be few. These rules need to be applied all the time. Children need to know what will happen if a rule is broken. Rules for riding in the car should include:

- Everyone is properly buckled up before the car moves.
- Toddlers should not do up their own harnesses.
- If a child undoes the buckle, the driver pulls over and stops.
- If your child cries when you put him in the car seat, check that the crying is not caused by something else, such as hunger, a wet diaper, etc. A very young child will often stop crying soon after the car starts to move, because the rocking motion lulls them to sleep.

Here are some suggestions that have worked for other parents:

- Distract your child by drawing his attention to scenery, by singing songs, playing music or short stories on cassette or by having him count cars and trucks on the road.
- A special blanket for the car, soft toys, books, a sleep friend, sing-along tapes, etc. are useful.

- A special car bag can be packed with soft entertaining toys for each child.
- Rather than “soon” as the answer to “When will we get there?” try “When such and such is finished this will happen.” This will make the answer mean more to your child.
- Some children are happier if their shoes and socks are off.
- A “survival kit” containing a damp cloth, diaper wipes, tissues, diapers, a change of clothes, plain cookies, fruit and drinks is useful in a car, especially for long trips. Parental supervision is required when a child is fed in the car to prevent choking.
- Schedule regular stops on a long trip.
- Try the back seat yourself. Is it too hot or too cold? Watch for sun coming in the back or side windows.
- Some children suffer from motion sickness, although they may not vomit. When the child is too young to explain how he feels, we may interpret his upset as not liking the car seat. If your child constantly cries in the car, you should see your doctor.
- Congratulate your child on good behaviour during a trip with praise such as a hug, playing with him or a treat if you wish.

How Can You Help:

- Reinforce the importance of proper use of car seats on every trip.
- Consider hosting a car seat information session for parents. Peel Public Health requires a minimum of 10 participants for a car seat presentation with six weeks’ advanced notice.
- Send home a copy of the pamphlet/fact sheet included in the plastic sleeve at the back of the section.

How Can Peel Public Health Help:

- Peel Public Health can provide information on car seat safety community events such as clinics, presentations and displays. They can also answer any questions on car seat safety. Call 905-799-7700.
BICYCLING AND SCOOTER SAFETY

Cycling continues to be an enjoyable recreational activity for Canadians of all ages. Recently however, scooters have also become more popular in Canada. As a result, the number of scooter related injuries has increased. Similar to cycling injuries, these injuries can be prevented. Here are some important safety laws and rules of the road that bicyclists and scooter riders should be aware of.

WEARING A HELMET:

• Wearing a helmet while bicycling is the law for children and youth under 18 years of age. Failure to do so results in a fine of $80.

• Bicycle helmets must be certified by Canadian Standards Association (CSA), American Society for Testing and Materials (ASTM), U.S. Consumer Product Safety Commission Standard (CPSC) or Snell. Look for the standards label in any helmet you buy.

• When riding a scooter always wear a certified helmet, kneepads, and elbow pads (wrist guards make it difficult to grip the handle and steer the scooter). Safe Kids Canada recommends using a bike helmet when scootering because currently there is no helmet designed specifically for scooting.

Did You Know:

• Bicycle riders are at a greater risk of head injury than motor cyclists.

• Head injuries account for 70 per cent of the cases of hospitalization from cycling injuries.

• Wearing an approved bicycle helmet reduces the risk of head injury by 85 per cent and brain injury by 88 per cent.

HOW TO FIT YOUR HELMET:

Helmets must fit properly in order to work effectively. A helmet that does not fit can be dangerous!

• Always read and follow helmet manufacturer instructions.

• To ensure proper fit:
  • The helmet should be two finger widths above the eyebrow.
  • The side straps should lie flat and form a “V-shape” under the ears.
  • Only one finger should fit between the chin and the chin strap.

• Test the fit of the helmet. Have the child shake his or her head with the helmet unstrapped. The helmet should stay in place. If the helmet moves, insert foam padding (foam pads come with the helmet).

• Replace the helmet if it has been in a crash or it is over five years past the manufacture date.
WHAT HELMET FOR WHAT ACTIVITY?

There are two basic types of helmets, single impact and multi-impact helmets. The main difference between the two is the type of foam used in the helmet (Safe Kids Canada).

Bike helmets are an example of a single impact helmet — they are designed to protect your head against a single hard fall and must be replaced after such a fall. Single impact helmets can be used for cycling, in-line skating and scootering. Single impact helmets must meet CSA, CPSC, ASTM or Snell standards (Safe Kids Canada).

Multi-impact helmets are designed to withstand several falls. Skateboarding helmets are an example of a multi-impact helmet. Multi-impact helmets must meet ASTM F-1492 or Snell N-94 standards (Safe Kids Canada).

A helmet marked as “multi-sport” means the helmet meets safety standards for more than one activity. For example, the Snell N-94 helmet is tested for cycling, in-line skating and skateboarding. When purchasing a “multi-sport” helmet, be sure to check the inside of the helmet to determine what activity it has been tested for. If you have any questions, contact the helmet manufacturer (Safe Kids Canada, 2002).

THE LAW AND BICYCLE EQUIPMENT:

- Children under the age of 18 must wear an approved bicycle helmet when riding a bicycle.
- Bicycles must have a bell/horn or some type of sounding device.
- White reflective tape must be on the front forks.
- Red reflective tape must be on the rear forks.
- White reflector/light must be on the front of the bike.
- Red reflector must be on the back of the bike.

GETTING READY TO RIDE

Bicycle Safety:

- Bicycles are considered vehicles on the road.
- In some Ontario communities, bicycles with 61 cm (24 inches) or smaller wheels may be ridden on the sidewalk. Be sure to know and obey your local bylaws concerning sidewalk riding.

You Should Always:

- Follow traffic signs and traffic lights.
- Ride in a single file, in a straight line on the right-hand side of the road.
- Walk your bike across busy intersections, crosswalks or railway tracks.
- Practice shoulder-checking.
- Avoid riding at night and on busy streets.
- Use correct hand signals when stopping and turning.
- Look ahead down the road when riding.
SECTION: HEALTH AND SAFETY–MIND AND BODY

Scooter Safety:

- Foot propelled scooters should be used by children that are at least five years of age.
- Children under the age of eight should always be supervised when riding a scooter.
- Wear a certified helmet, elbow pads and kneepads.
- Enjoy scooter rides during the day, avoid riding at night.
- Ride scooters on smooth, dry surfaces away from traffic and parked vehicles.

BICYCLE CARRIER AND TRAILER SAFETY

Rear Bicycle Carriers and Trailers:

The earliest that experienced cyclists start riding with their children is when the child is around the age of 18-months, and can support the weight of his or her head with a helmet on (Ontario Cycling Association).

To reduce head and face injuries, children should wear a certified bike helmet when riding in a bicycle carrier or trailer.

Is it Safer to Use a Rear Bike Seat or a Bike Trailer for a Toddler When Cycling?

The debate between using a trailer or rear bike seat depends on your riding circumstances, ability and preference. Safe Kids Canada and the Ontario Cycling Association make the following recommendations:

A bike trailer tends to be more stable than a rear bike seat. However, the child is further away from the cyclist and is low to the ground thus making it difficult to see and hear the child and car fumes can blow into the child’s face. If you do use a trailer, have another adult ride behind the trailer. Trailers are not suitable in high auto traffic situations (Ontario Cycling Association).

Bike seats allow the child to be closer to you and raised further off the ground; but they shift the centre of gravity higher and further back making the bike unstable. The Ontario Cycling Association recommends practising with a 25-pound bag of potatoes before you strap the child into the seat. That way you can familiarize yourself with the shift in weight.

When Choosing and Installing a Rear Bike Seat Consider the Following: (Safe Kids Canada)

- A novice or inexperienced adult cyclist should avoid using a rear bike seat.
- Select a seat with safety straps and a sturdy harness that cannot be released by the child.
- Choose a seat with a high back and side supports to prevent the child from swinging.
- Ensure the seat is fastened solidly and securely to the bicycle frame so it can withstand swaying.
- Ensure the child wears appropriate footwear.
- Restrict riding with rear bike seat passengers to park bike paths or quiet streets.
Considerations for Toddler Ride-On Toys:

The Canadian Paediatric Society notes that tricycles are appropriate toys for preschoolers, but cautions the greatest danger from a tricycle is the child's inability to stop quickly and their decreased coordination to steer well. As a result, children can drive their tricycles into other children, fixed objects, and roadways.

Project “Safe Start” at the B.C. Children’s Hospital in Vancouver further cautions adults that ride-on toys including wagons, go-carts, tricycles, and other play vehicles, are among the most dangerous toys for young children. Children playing with these ride-on toys can easily lose control, crash to the ground, fall into swimming pools or get hit by cars.

Recommendations for Tricycles and Other Ride-On Toys:

1. If space permits, it is good to have several sizes of tricycles and other riding toys available for older toddlers and preschoolers. If a child is too large for the toy, it will be unstable; if the child is too small the ride-on toy may be difficult to control properly (Canadian Paediatric Society, 1999).
2. Establish the helmet habit early! Helmet use is recommended when children use tricycles and other ride-on toys outdoors where surfaces are hard and more likely to be uneven (Canadian Paediatric Society, 1999).
3. Ensure adult supervision for children while playing on tricycles or other ride-on toys (Canadian Paediatric Society, 1999).
4. Encourage children to play with ride-on toys within a fenced yard and away from cars and roads. Discourage children from riding “down-hill” on these vehicles. Ride-on toys do not generally have brakes and if they do, preschool children do not have the motor capabilities to manipulate brakes appropriately to prevent a crash (Canadian Paediatric Society, 1999).
5. Keep ride-on toys away from ponds, pools, or any body of water deeper than 4 cm because of drowning risk (Canadian Paediatric Society, 1999).
6. Electric powered ride-on toys are not recommended for preschool group settings. Young children cannot control these vehicles well enough to prevent injury to other children (Safe Kids Canada).
7. Check that the ride-on toy is stable and does not tip easily. Keep in mind that low-slung ride-on toys with seats close to the ground offer more stability, as do tricycles with wheels that are spread widely apart (Safety Sense, 1998).
8. Children should not ride “double”, as carrying a passenger makes the toy unstable (Canadian Paediatric Society, 1999).
9. Avoid ride-on toys with sharp edges or protrusions, particularly fenders that could hurt a child in the event of a fall or crash. Look for pedals and handgrips with non-skid surfaces to prevent children’s hands and feet from slipping (Canadian Paediatric Society, 1999).
10. Store riding toys indoors to keep them dry. Moisture can rust and weaken metal parts. Check regularly for missing or damaged pedals, handgrips, handlebars, seats and other possible defects (Canadian Paediatric Society, 1999).
CREATING A SAFE ENVIRONMENT

PESTICIDES

Many pesticides may be harmful to the environment. They may also be toxic to humans and pets when used inappropriately. Pesticides can produce a wide variety of short-term and long-term health effects. Children and staff can be exposed to pesticides when these products are applied both indoors and outdoors. To protect children and staff from unnecessary exposures to pesticides, you should:

• Know what pest control products and procedures are being used in and around your centre.
• Ask the pest control operator for a “Material Safety Data Sheet” on the chemicals being used in your centre.
• Ask about alternative pest control methods, such as integrated pest management practices.

ARTS AND CRAFTS SUPPLIES

All arts and crafts supplies should be reviewed for their safety. In general, avoid products containing solvents (e.g., toluene, methyl hydrate), turpentine, asbestos or lead. Listed below are some commonly used materials and safer alternatives.

<table>
<thead>
<tr>
<th>Material</th>
<th>Avoid</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Markers</td>
<td>Permanent markers (they may contain toxic solvents)</td>
<td>Water-based, non-permanent markers</td>
</tr>
<tr>
<td>Paint</td>
<td>Solvent-based paints, Powdered tempera products</td>
<td>Water-based paints, liquid tempera products</td>
</tr>
<tr>
<td>Clays</td>
<td>Powdered clays (they contain silica)</td>
<td>Damp clay products</td>
</tr>
<tr>
<td>Glues</td>
<td>Epoxy, instant or solvent-based glues</td>
<td>Water-based white glue, Library paste</td>
</tr>
<tr>
<td>Glazes</td>
<td>Those with lead content</td>
<td>Poster paints</td>
</tr>
<tr>
<td>Crayons</td>
<td>Imported brands (may contain lead)</td>
<td>Domestic brands</td>
</tr>
</tbody>
</table>
LEAD

In children, chronic lead poisoning may impair learning and affect behaviour. In Ontario, the biggest exposure to lead for children under four years of age comes from soil and household dust contaminated with lead. The next biggest source is food, followed by water. Exposure from air is only a very small source. To protect children from lead exposure you should:

- Make sure children wash their hands before eating.
- Rinse fruits and vegetables well before eating or cooking.
- Encourage children to eat foods rich in iron (such as dark green leafy vegetables) and calcium (such as milk, cheese, and yogurt). This will allow less lead to be absorbed by the body.
- Only use cold water when mixing formula or adding water to other foods.
- Let water run until cold to the touch before using if the system has not been used for several hours.
- Clean with a damp mop or cloth often; this helps control the dust level.
- Check the "feel" of the seam through the label of any imported canned foods. Avoid buying the food if you feel bumps or a ridge on the side seam of the can because it will likely contain lead.

Metropolitan Toronto Teaching Health Units and the South Riverdale Community Health Centre, Adapted from “Why Barns are Red: The Health Risks from Lead and Their Prevention.” Toronto, Ontario.

POISONOUS PLANTS

Watching seeds grow or potatoes sprout is a great learning experience as long as you are aware of the potential dangers and provide supervision at all times.

Several common houseplants, including caladium, dieffenbachia, elephant’s ear, jerusalem cherry, philodendron and poinsettia, are poisonous. Many common garden plants are also poisonous including crocus, daffodil, lily-of-the-valley, holly, yew, tomato, potato, oak, and horse chestnut. Check with your garden centre before buying indoor or outdoor plants to make sure they are safe. Remove all poisonous plants from outdoor play areas. Make sure indoor plants are not accessible to children.

OTHER HAZARDOUS SUBSTANCES

Hazardous substances are poisonous, flammable, explosive or corrosive. If you use any of these, know how to handle them safely. Check whether the centre has any of these hazardous products:

antiseptics | liquid detergent
nail polish remover | drain cleaner
bleach and other sanitizers | rubbing alcohol
SECTION: HEALTH AND SAFETY–MIND AND BODY

To Safely Handle Hazardous Substances, Follow These Guidelines.

- Learn to recognize and understand hazardous product symbols on labels.
- Dilute and mix chemicals according to the manufacturer’s directions. If possible, purchase ready-to-use products to avoid having to mix/dilute chemicals.
- Always replace a product’s cap before setting it down, even for a moment, while using it. After each use, secure the cap tightly.
- Store hazardous substances in their original labelled containers in a locked cupboard or another place not accessible to children.
- Wear appropriate protection (e.g. gloves, goggles) when using these products.


Note: Resources for “Creating A Safe Environment” are available at the end of this section of the manual.
SCENT AND SENSITIVITIES

What is Scent Sensitivity?

Scent sensitivity is a hypersensitivity to common environmental and chemical compounds such as perfumes, fragrances, household and commercial products. There is no clear consensus regarding the status of scent sensitivity as a medical condition or disability. There is ongoing research to study the nature of these conditions and to better define them.

Can Scents Cause Health Problems?

There is no clear answer to this question. There have been reports that scents, particularly perfumes, may worsen existing medical conditions. Based on current knowledge fragrances have been implicated in triggering the following disorders:

- Irritations (skin, eyes, nose, throat)
- Allergic reactions
- Asthma
- Migraine headaches

The severity of these symptoms may vary. Some people report mild irritation; others may have difficulty carrying on with their regular activities. Avoidance of the substance thought to be triggering the symptoms is the best prevention strategy.

How Do Scents Affect Work Environments?

Fragrances can build up in sealed environments causing annoyance and irritation to some individuals and reactive symptoms in others. For many people, the comfort level of their work environment can be greatly affected by the amount of scent around them.

What Can You Do?

With the growing concern that scents may cause irritation to many people, it is appropriate to adopt a more considerate approach to scent use.

- Encourage employees to refrain from using, or use in moderation, scented products such as perfume, cologne, hair care products and aftershave. A general guideline is that scents should not be detectable at more than an arms’ length.
- Post signs that appeal to empathy: “For the comfort and health of our children, staff and visitors, please support a fragrance-free environment”.
- Develop an organizational policy or guidelines for a reduced scent or scent-free environment.
- Where possible, purchase cleaning products that are unscented.

Resources

An awareness kit on scent-free environments is available from the Public Service Alliance of Canada. The kit can be ordered online at www.psac.com and found under Health and Safety Publications.
For more information on the steps to instituting an organizational policy for a scent-free environment and a sample policy, refer to the Canadian Centre for Occupational Health and Safety website at www.ccohs.ca.

References


Smith, T., Fragrance Sensitivity: An Issue for Health Care Workplaces? (www.hchsa.on.ca)
SECTION: HEALTH AND SAFETY–MIND AND BODY

AIR QUALITY

SMOG
Smog is a brownish-yellow hazy cloud made up of harmful gases and fine particulates. While it is typically a problem between May and September, with the majority of smog advisory days occurring in the summer months, poor air quality is a year round issue.

Everyone’s health can be affected by smog but children are one group that faces a greater health risk because they:
- Spend more time outdoors being physically active.
- Take in more air than adults because they breathe faster.
- Are more susceptible to infections than adults. Smog can reduce the respiratory system’s ability to fight infection and remove foreign particles which can increase and worsen the symptoms of childhood asthma and allergies.

The Ministry of the Environment (MOE) monitors the air quality using a scale called the Air Quality Index (AQI) which ranges from 0 to 100+. The lower the AQI number, the better the air quality and when periods of poor air quality are expected, the MOE issues a smog watch or advisory. A smog watch is issued when there is at least a 50 per cent chance that the AQI will reach or exceed 50 in the next three days. A smog advisory is issued when there is a high chance that the AQI will reach or exceed 50 in the next 24 hours.

We suggest the following action to protect children from poor air quality:
- Be aware of the AQI levels and plan accordingly
- Join the Ontario Ministry of Environment’s Smog Alert Network to receive an automatic e-mail when a smog watch or smog advisory is issued. You can sign up for this service at www.airqualityontario.com.
- Call the Ontario Ministry of Environment’s Air Quality Index phone line for current air quality forecasts at 1-800-387-7768 or 416-246-0411 in Toronto.

When a smog advisory has been issued, the following actions are recommended:
- Reduce the amount of time children spend outdoors playing, working and exercising.
- Plan activities for children that can be done indoors in a cool, well-ventilated place.
- Postpone any “must be outside” activities if possible to another time when the advisory is over.
- To reduce exposure to smog, children with asthma and allergies should avoid being outside.
- Avoid having children outdoors during peak rush hour periods and around high traffic zones.

IDLING
An idling engine releases twice as many exhaust fumes as a vehicle in motion and leads to the formation of smog and poor air quality. Canadians idle vehicle engines an average of five to 10 minutes a day to warm up the vehicle or wait for somebody. While it may seem insignificant, the harm that it can cause to human health and the environment is considerable.
SECTION: HEALTH AND SAFETY–MIND AND BODY

To prevent idling, especially near child care centres, visitors should be informed of the negative health effects of idling and be told to practise the following steps:

1. If stopped more than 10 seconds, turn the engine off.
2. Reduce the warm-up time for a vehicle to 30 seconds.
3. Avoid using remote car starters.

Another action the child care centre can take? Declare the area in front of the centre an idle-free zone with appropriate signage.

HEALTH EFFECTS FROM POOR AIR QUALITY

Poor air quality can affect a child’s health in a number of different ways and the effects can range in severity. Health impacts can include:

- eye, nose and throat irritation
- coughing and wheezing
- breathing difficulty
- reduced lung capacity
- lowered resistance to infections
- increased heart and lung conditions
- hospitalizations
- premature death

If a child experiences symptoms such as tightness in the chest, coughing and/or wheezing, seek medical advice.

(See also “Preventing Heat-Related Illnesses,” 7-16 to 7-18)
SECTION: HEALTH AND SAFETY–MIND AND BODY

FIRE SAFETY

Keeping your centre fire safe will help prevent fires and ensure the safety of the children in your centre. Your first priority during a fire is to safely evacuate all children and staff from the building and then notify the fire department. Through regular fire evacuation drills, the children and staff will learn the necessary steps to follow during an emergency and will be prepared when the alarm sounds.

LEGISLATION

Ontario Fire Code
Day Nurseries Act

FIRE PREVENTION AND SAFE EVACUATION

A number of steps can be taken to help prevent a fire and provide a safe route for evacuation in your centre. The owner and/or supervisor should ensure:

• All requirements of the Ontario Fire Code and the Day Nurseries Act are met. Contact your local fire department for this information.
• All exits are posted, and are clear and accessible.
• Fire extinguishers are accessible, inspected monthly and maintained annually.
• Fire drills are conducted monthly.
• Combustible artwork and teaching materials attached to walls and the ceiling do not exceed 20 per cent of the total area of the walls.
• All electrical appliances are in good working order.
• Extension cords are not used instead of permanent wiring.
• Lint traps in the clothes dryer are emptied regularly and dryer vents are made of a non-combustible material.

CONDUCTING A FIRE DRILL

• If applicable to your centre notify the alarm monitoring company to advise them that a fire drill will be conducted.
• Sound the alarm.
• Assist children in exiting the building.
• Meet with staff at a preplanned safe area (at least 40-50 feet from the building).
• Make sure all people are accounted for.
• Let staff and children know when they may re-enter the building.
• Notify the alarm monitoring company when the fire drill is complete.
• Meet with staff and children after the drill and give them feedback on their performance.

To make your fire drill more realistic, and to ensure good preparation for an evacuation, try using a box decorated as a fire to simulate a real fire. If any staff or children encounter this box they must find an alternate exit. This will help train the children and staff to know all of the available exits that can be used in the event of a real evacuation. Never stop to put on shoes, coats, clothes or diapers as even seconds
SECTION: HEALTH AND SAFETY–MIND AND BODY

In the event of a real fire can cost lives. If you practise your fire drills by stopping to prepare to go outside, the staff and children will become conditioned to this process and may repeat it in a real fire. Always train the children to react exactly as you would want them to in a real situation. In the winter months still practise exiting the building; you may want one staff member to be waiting outside with a few blankets, or a basket of shoes. During extreme weather conditions, such as a blizzard or heavy rain, think about rescheduling your fire drill so it can be performed successfully at an alternate time. If you do this switch, be sure you contact your monitoring station to inform them of the change in plans.

TIPS FOR CREATING A SAFE ENVIRONMENT:

• Vary the time of day you conduct your fire drills.
• Make sure you try drills during nap-time and when you have reduced staffing.
• For centres with infants have all available staff (e.g. kitchen staff) assist the infants during fire drills.
• Keep shoes in a basket during nap-time so they can be taken outside during a drill.
• Use the resources at the end of this section.
• Arrange an evacuation site and practise travelling to it at least once a year.
• Keep accurate records of which staff have up to date CPR and first aid training.
• Install electrical outlets that have autoslide protectors.
• Keep locks on exits and gates well oiled to prevent rust. (Note: playground gates should not be locked when the centre is in operation, but can be locked at night).

IN CASE OF FIRE:

• At the first sight of fire, or smell of smoke, sound the alarm.
• Calmly alert staff and children to evacuate the building.
• Assist children in exiting the building.
• Close all doors behind you to help prevent the spread of fire.
• Assemble in designated safe area.
• Telephone the fire department (911) from a safe location.
• Take into consideration wind direction when assembling outside the building. You always want to be upwind from smoke.

If you encounter flames and/or smoke when trying to leave the building use an alternate exit. If you cannot leave your room, or have returned to it:

• Close the door.
• Telephone 911 if possible to advise of your situation.
• Signal firefighters by waving from the window.
• Seal the cracks around the door with blankets or clothes (use wet ones if available).
• Crouch low to the floor if smoke enters the room.
• Open a window for ventilation, but close it if smoke enters.
• Wait to be rescued.
SECTION: HEALTH AND SAFETY–MIND AND BODY

- Listen for instructions or information that may be given by authorized personnel over loudspeakers.
- Jump from the second storey only as a last resort.

SUPERVISOR’S RESPONSIBILITIES DURING A FIRE OR EVACUATION

- Sound the alarm if you encounter a fire or smoke.
- Assist children and staff to exit the building.
- Exit the building closing all doors behind you.
- Check with staff to make sure everyone is accounted for.
- Identify and seek assistance for anyone with an injury.
- Make sure no one re-enters the building.
- Telephone the fire department (911) to advise them of a fire.
- Upon arrival of firefighters inform fire officer of situation.
- Provide access keys and information as requested.
- Contact parents if necessary.

MAINTENANCE OF FIRE SAFETY EQUIPMENT

The Ontario Fire Code and the Day Nurseries Act, Sec 27(1)(e), state that regular maintenance inspections must be conducted on all fire safety equipment. Some inspections need to be conducted daily, weekly, monthly or annually. It is the responsibility of each centre to initiate these inspections as required. Check with your local fire department to obtain an inspection schedule for your centre.

Each year it is recommended that you contact your local fire department and arrange a fire safety inspection. A designate of the fire department will come and inspect your centre and inform you of any repairs or adjustments that need to be completed. This inspection is not to replace your own regular inspections but is designed to complement them. Call your local fire department (see contacts in the resource section at the end of the manual) to inquire about cost and to arrange an appointment.

If a fire alarm system is found to be inoperative, a designated staff member must conduct hourly fire inspections of the building and notify all occupants if a fire is detected.

Note: Resources for “Fire Safety” are available at the end of this section of the manual.

* See appendices for useful tools
SECTION: HEALTH AND SAFETY–MIND AND BODY

SCALDS AND BURNS

Burns are a major cause of severe injury and death among young children. Scalds caused by contact with hot liquids are one of the most common causes of burns. In Canadian hospitals, hot liquids cause 50 per cent of children’s burns. One in 10 of the most severe scalds in Canada were caused by hot tap water.

PROTECTING CHILDREN: PARENTS AND CAREGIVERS

Here Are Some Steps to Take.

1. **Lower your hot water temperature:**
   - Most Canadian homes have their hot water heaters set at 60°C (140°F). Water this hot can burn a child’s skin in one second!
   - Turning down the temperature of the hot water heater to 49°C (120°F) reduces the risk of scalds.

2. **Safety in the kitchen:**
   - Put a baby or toddler in a high chair or playpen. Make sure a preschooler stays seated at the table.
   - Cook on the back burners of the stove whenever possible.
   - Turn pot handles to the back of the stove so that pots will not get knocked off.
   - Make sure cords from kettles and other appliances are not hanging over the edge of the counter.

3. **Keep hot drinks away from children:**
   - Put a lid on hot drinks. Use a cup with a tight-fitting lid.
   - Keep hot coffee or tea away from children.
   - Test hot drinks or foods before you serve them to a child to ensure they have cooled off.

4. **Check home smoke alarms regularly:**
   - Ensure there are smoke alarms on every level of a home. Make sure there is an alarm right outside each bedroom.
   - Test each smoke alarm every month by pressing the battery test button.
   - Put in fresh batteries once a year. Replace smoke alarms at least every 10 years.
   - Gently vacuum smoke alarms. This can prevent grease and dust from blocking the “intake ports.”
   - Plan and practise a fire escape route within the family.

For more information on scalds and burns:
- visit the Safe Kids Canada website: www.safekidscanada.ca
- call 1-888-SAFE-TIPS
- contact Peel Public Health at 905-799-7700
SECTION: HEALTH AND SAFETY–MIND AND BODY

PLAYGROUND SAFETY

Play provides an opportunity for children to learn new concepts as well as develop their language, social, emotional and physical skills. As they play they move from complete dependence to developing their own sense of self and independence. In order to develop to their potential they need a safe environment.

The purpose of this section is to help you understand:

- Your liability as a child care provider.
- Assessing playgrounds
- Playground upgrading
- Chromated Copper Arsenate Wood (CCA)
- Playground safety: setting the environment
- Education
- Supervision
- Record keeping and inspections

INJURIES ARE NOT ACCIDENTS

It is estimated that more than 10,000 children are injured every year on Canadian playgrounds.

Safe equipment, impact absorbent resilient surfaces and diligent supervision of children can prevent many of these injuries.

Injuries occur more frequently in May and June and boys are more likely to be injured than girls. The leading cause of injury is falls from climbers, slides or swings. Children ages one through four are hurt more frequently on slides than on other pieces of equipment. Even more tragically, there have been 18 deaths since 1982 due to strangulation by drawstrings, loose clothing caught on equipment or by skipping ropes tied to equipment or fencing. A poster for your use is included at the end of this section.

Adapted from the Canadian Hospital Injury Reporting and Prevention Program 1996 data.

CANADIAN STANDARDS ASSOCIATION (CSA)

The Canadian Standards Association (CSA), who produced these standards, is a not-for-profit, non-statutory, voluntary membership association engaged in standards development and certification activities. CSA standards reflect a national consensus of producers and users — including manufacturers, consumers, retailers, unions and professional organizations and government agencies.

CSA NATIONAL STANDARDS FOR PLAYSPACES — NEW 2003

In June 2003, the Canadian Standards Association released revised standards entitled, “Children’s Playspaces and Equipment” (CAN/CSA-Z614-03). This standard is intended to promote and encourage the provision and use of public playspaces that are well-designed, well-maintained, innovative and
challenging. This standard outlines requirements for playspaces and equipment for use by children 18 months to 12 years of age.

**Scope:**

- Applies to public use playspaces built and play equipment manufactured after the date of publication of this edition.
- Applies to additions and replacement parts installed after the date of publication.

**New 2003 CSA Standards-Highlights Include:**

- Probe dimensions changed and new gauges
- Surfacing section enhanced:
  - A comprehensive inspection of the playspace must be carried out by the owner/operator prior to first use
  - The playground equipment shall not be used until the protective surfacing has been installed
  - Periodic site testing is now required
  - Protective surfacing zone changes
- Climbing nets added
- Small children’s fenced playspaces
  - Addressed to accommodate child care centres
- Annual comprehensive written report
  - Two options available

For more detailed information see the new 2003 CSA Standards CAN/CSA-Z614-03.

**LIABILITY AS A CHILD CARE PROVIDER**

These standards apply to all new playgrounds and equipment. However as equipment is replaced or repaired it must conform to the new standards. The CSA document provides standards that assist in protecting children in a child care setting. If an accident occurs the child care provider could be held liable if they have not maintained their equipment and do not have a plan to address the new standards over a reasonable length of time. The child care provider must also have records to confirm there have been regular inspections and maintenance. These records will also indicate they are knowledgeable about safety issues and have made a sincere effort to comply.

**ASSESSING PLAYGROUNDS**

**Safe Playspaces – Seven Steps:**

1. Know the CSA standards (CAN/CSA-Z614-03)
2. Inspect playspaces to ensure they comply with the CSA standards
3. Repair, remove, and replace non-compliant equipment and surfaces as quickly as possible
4. Make proper surfacing a priority
5. Develop and practise an effective inspection and maintenance program
6. Understand the common hazards
7. Develop defensive actions to deal with them

Taken from Ontario Parks Association, “It’s time to Stop Playing Around.” (video)

PLAYGROUND UPGRADEING

Inspection:

Playgrounds should be inspected to determine if they comply with the 2003 CSA standards for “Children’s Playspaces and Equipment” (CAN/CSA-Z614-03). A Canadian Certified Playground Inspector that has completed a course and an examination through the Canadian Parks/Recreation Association (CPRA) should inspect playgrounds. The status of an inspector can be confirmed through CPRA. A report should be prepared by the inspector.

Remove, Repair and Replace:

Once you have reviewed the inspector’s report you will need to decide whether equipment:

- Is unsafe and should be removed
- Can be repaired
- Needs to be replaced

Each piece of equipment will need to be considered separately. This inspection will include all areas of the playspace including fencing, gates, pathways, retaining walls, resilient surfaces and specific pieces of equipment. It will also include items such as picnic tables, benches, shade structures and tree trunks.

You also need to ensure that if you use portable equipment such as climbers or house area items that you allow for sufficient no encroachment areas and resilient surfacing where needed.

The original cost of the equipment, the expected life expectancy and the overall play value of each piece of equipment are critical factors to consider as you decide what steps to take.

You will likely find you have some equipment that is compliant, some will need repair and some will need to be removed. At this point you should develop a long-term plan for playground maintenance and renovations.

A long-term plan should outline which pieces or areas you plan to repair or replace to bring your playground up to standard in all areas. When you develop this plan try to estimate the length of time that you expect remaining equipment to last before needing replacement.

Remove:

You may determine that some equipment is hazardous and should be removed immediately.
SECTION: HEALTH AND SAFETY—MIND AND BODY

Repair:

All repairs must comply with the standards. When a defect is noted, it shall be reported and repaired. If the repair will take time, reasonable measures shall be taken to bar access. Warning signs alone are not acceptable.

Maintenance and repairs to equipment and the replacement components shall be carried out in compliance with the manufacturer's recommendations.

Who Should Do Repairs?

In the case of specific equipment, it is recommended that you contact the initial supplier and request an inspection. They will usually be able to do any repairs or replace parts if required. They must also supply you with a certificate that states the equipment meets the 2003 CSA standard. You should state on your purchase order that all work must be compliant with the 2003 standards.

If the original supplier is no longer in business there are some companies that upgrade equipment and they will be able to provide you with documentation for your records.

Replace:

Replace equipment as directed by the Canadian Certified Playground Inspectors.

Safety Surfacing Should Be Your Top Priority:

- Most accidents are due to falling from a height on the playground; always make the safety surfacing (resilient surfacing) your top priority.
- Every type of safety surfacing has its advantages and disadvantages.
- See Annex D for “Recommended Protective Surfacing” from the CSA Standards.

Chromated Copper Arsenate (CCA) Wood:

- CSA standard has permitted its use
- Scientific studies show low levels of arsenic and exposure to it is low
- Public health education around safe food handling
  - Don’t eat off the wood
  - Teach children to wash their hands before eating

For more details see CCA Wood section (9-44 to 9-46 for CCA Wood)

SECTION: HEALTH AND SAFETY–MIND AND BODY

PLAYGROUND SAFETY: SETTING THE ENVIRONMENT

Safety is the priority on the playground just as it is throughout the day. Children come in all sizes with varying skills and knowledge about what is safe play. As professionals we need to plan an outdoor environment that includes equipment that will progressively challenge children and test their skills. Daily challenges promote learning. We must also assess the risk of these challenges to children to ensure their safety.

Since you are responsible for the children in your care, you need to assess all the playspaces you use, whether they are the responsibility of your program or belong to a school board, city or other group.

1. Design your playground with age appropriate equipment that challenges your children.
2. Check your playground daily before use and have regular inspections. If using a local park or school playground staff must check the playground for daily hazards.
3. Reduce safety hazards by providing parents with information on tips to reduce strangulation hazards on children’s clothing. See “Playground Safety — Keeping Your Child Safe,” Region of Peel, (resource guide) and “Playground — Danger of Strangulation,” Health Canada (flyer) (both in plastic sleeve).
4. Review safety rules with the children on a weekly basis. Orient new children to your playground.
5. Educate your community on safety hazards.
6. Post a warning and/or lock your gate so the community understands the need for supervision of children on playground equipment.
7. Active supervision policies will reinforce your overall plan for children’s safety.
8. Provide orientation to new staff, students and volunteers to ensure they understand and support your safety policies.

EDUCATION

Children Need to:
• Be provided with orientation to the playground and specifically why safety is foremost.
• Develop and understand reasons for playground rules.
• Respect equipment and be able to approach, use and get off equipment safely.

Parents Need to:
• Provide their children with safe and seasonally appropriate clothing; drawstrings, scarves, loose clothing or shoelaces can catch on equipment and cause serious injury.
• Provide appropriate footwear as bare feet and sandals are not safe.
• Be educated about playground safety standards.
SECTION: HEALTH AND SAFETY–MIND AND BODY

SUPERVISION

Safety is the priority on the playground just as it is throughout the day. Safe equipment, impact absorbent resilient surfaces and diligent supervision of children can prevent many of these injuries. Active supervision is the key to safety! Everyone needs to be alert to potential concerns on the playground.

Active supervision for staff is to:

“Be Aware”

Be aware of hazards that may be present.

“BE AWARE”:

• Behaviour-inappropriate
• Evaluation of hazards

• Age-appropriate behaviour
• Wear safe clothing
• Alertness and attentiveness
• Rules for play
• Enjoy!

BEHAVIOUR-INAPPROPRIATE:

• Inform parents about your behaviour management techniques, as consistency in our messaging is key.
• Role model appropriate behaviour.
• Verbally warn children about inappropriate behaviour.
• Intervene between children when a conflict arises.
• Be firm and consistent when enforcing rules.
• Intervene immediately if bullying behaviour takes place.
SECTION: HEALTH AND SAFETY–MIND AND BODY

EVALUATION OF HAZARDS

• Complete safety inspection prior to playground use each day.
• No loose attachments such as skipping ropes.
• Look for potential hazards that could cause serious or fatal injuries to children.
• Foreign objects such as glass, nails and pop tabs should be removed from the playground.
• Watch for protruding nuts or bolts, broken parts, exposed concrete and shallow protective surfacing hazards.
• Potential hazards to the playground should be reported both verbally and in writing, so they remove the hazard quickly.
• Take seasonal precautions as needed, such as sanding icy areas, sweeping away water and/or leaves, safe pest control and safe grass fertilizers and weed control products.
• Act as a spotter for challenging and new equipment.
• Keep parents informed of safety issues.
• Check the entire playground for hazardous debris or litter, checking for damage that may have been caused by vandalism.

AGE APPROPRIATE BEHAVIOUR

• Children should only use playgrounds designed for their age.
• The equipment being used by a child should reflect their physical, intellectual, social and emotional development.
• Raising parent awareness can help prevent injuries from occurring.

WEAR SAFE CLOTHING

• Check children’s clothing daily for sources of entanglement such as scarves, toggles, drawstrings and laces before using playground.
• Remove drawstrings and other cords from clothing. In winter, use a neck warmer instead of a scarf.
• Do not allow children on the equipment if their clothing is unsafe.
• Have children check one another’s clothing to make sure it is safe; use this method as a teaching tool for what is appropriate. This helps make the child aware of safety.
• Ensure children are wearing closed, skid-resistant shoes that offer protection from foreign objects, e.g. nails, glass.
• Remove bicycle helmets as they can cause head entrapment.
ALERTNESS AND ATTENTIVENESS

- Close supervision of preschoolers and children who are between five and nine years of age is imperative. These age groups are most frequently injured on playgrounds.
- Analyze the playgrounds and have a plan for staff positioning. Some older playgrounds have areas that are difficult to supervise such as small hills, behind storage areas or entrance ways. These spots need to be checked continuously.
- Move through the playground area to keep children safe.
- Stay within easy reach of younger children at all times.
- Act as a spotter for challenging and new equipment.
- Make sure adults can get easily to all areas of the climber.
- Observe children as they play.
- Be aware that a child can wander into an unsafe situation very quickly.
- Direct eye contact with a child can prevent inappropriate behaviour.
- Never reduce staffing ratios on the playgrounds.

RULES FOR PLAY

- Teach children safety rules for the playground (e.g. no pushing or rough play on equipment).
- Review playground rules before children are allowed on the equipment.
- Reinforce safety rules and the reasons for these rules.
- School age children can remember up to five safety rules.
- Preschool children should have three safety rules or less.

ENJOY!

- Have fun on the playground!
- And remember play is children's work; they learn so much when they play.

Jane van Berkel, Adapted from Playground Safety — It's Our Responsibility.
and The National Program for Playground Safety, "Supervision Means — Making Your Children Safer on Public Playgrounds."

RECORD KEEPING AND INSPECTIONS

- Good record keeping is important.
- Records are required to be kept of:
  - All installations and appropriate approvals
  - Inspections: daily, weekly, annually or as determined by policy
  - Maintenance, repairs and renovations
  - Children’s injuries
  - "Recommended Maintenance/Inspection List" from CSA (See Resource Section)

For additional information on inspection see “CSA Standards Manual.”
SECTION: HEALTH AND SAFETY–MIND AND BODY

POLICIES

Policies for staff supervision of the children and equipment are critical. They must include proper positioning for active supervision.

Jane van Berkel, Adapted from Playground Safety – It's Our Responsibility.

How Can You Help?

• Provide active supervision and educate children about playground safety.
• Provide educational resources such as: “Playground Safety – Keeping Your Child Safe,” Region of Peel (resource guide) and “Playground – Danger of Strangulation,” Health Canada (flyer) (both in plastic sleeve).

How Can Peel Public Health Help?

Contact Peel Public Health at 905-799-7700 or www.peelregion.ca

Note: Resources for “Playground Safety” are available at the end of this section of the manual.
SECTION: HEALTH AND SAFETY—MIND AND BODY

SANDBOXES

Sandboxes can be wonderful places for children to play and interact. However open sandboxes may contain animal urine and feces which can carry bacteria, viruses and parasites.

Both children and adults can become infected with toxoplasmosis when playing or working in an area contaminated with animal feces, particularly cat feces in a sandbox.

TOXOPLASMOSIS

Toxoplasmosis is an infection caused by a parasite called *Toxoplasma gondii*. The parasite is found throughout the world and many people may carry it, but very few have symptoms of illness because they have a healthy immune system.

A common source of infection is the ingestion of improperly cooked meat contaminated with the Toxoplasmosis parasite. However, another source of infection is the transmission of the Toxoplasmosis parasite from cat feces to one’s fingers and subsequent contact with one’s mouth or food. Uncovered sandboxes may become contaminated with cat feces.

Infants born to mothers who become infected with Toxoplasmosis during or just before pregnancy and those with compromised immune systems (e.g. HIV/AIDS, chemotherapy etc.) may be seriously affected. Toxoplasmosis can cause flu-like symptoms, swollen lymph glands, muscle aches and pains, and in severe cases; damage to the brain or eyes.

Although the likelihood of transmission of the parasite from a cat is low, the parasite can remain infectious on the ground for months prior to the freezing conditions of winter. Therefore, the following precautions are recommended to prevent the transmission of Toxoplasmosis to staff and children in a child care centre:

- **Cat Feces**: It is recommended a non-pregnant staff member should be given the responsibility to inspect the sandbox, preferably at the beginning of each day. If necessary, the staff member should remove any cat feces. Cover the sandbox with a tight-fitting lid when not in use.

- **Hygiene**: Thoroughly wash hands after handling raw meat and after collecting cat feces. Children should wash hands after playing in a sandbox.

- **Food**: Ensure meats are cooked properly. Please refer to the “Safe Food and Drinking Water” section of the Keep on Track manual for proper cooking temperatures.
FREQUENTLY ASKED QUESTIONS ABOUT CHROMATED COPPER ARSENATE (CCA) WOOD

What is CCA Wood and Where is it Used?
CCA is a preservative containing chromium, copper and arsenic. CCA is used in pressure treated wood to protect it against damage from weather, insects and fungi.

CCA wood is employed in outdoor structures, such as construction lumber and timbers, utility and construction poles, marine timbers and pilings, and fences. CCA wood is often found in play structures, decks, picnic tables, landscaping timbers, residential fencing, patios and walkway/boardwalks.

Fresh CCA wood, if not coated, has a greenish tint that fades over time. Generally, if a deck has not been constructed with redwood or cedar, then it was most likely constructed with CCA wood.

Is There a Risk That CCA Preservative Can Leak Out of Treated Wood?
It is possible that some CCA preservative will leach out from treated wood onto the surface of the wood or into soil. The amount of CCA that can leach out depends on various factors such as type of wood, treatment practices, age in service, and the environment that the treated wood is installed. Wood that is exposed to water in damp soil will lose more preservative than wood that is exposed to an occasional rainfall.

Is There a Health Risk to the Public from CCA Wood?
The United States Environment Protection Agency (US EPA) reviewed CCA-treated wood in the 1980s. The agency concluded at that time that CCA wood did not pose an unreasonable health risk. Another assessment conducted by the US Consumer Product Safety Commission in 1990 concluded that short and long-term health effects are unlikely to occur for children who come into contact with CCA-treated wood. Health Canada reviewed these assessments and agreed with the overall conclusions at the time.

Recently, public health advocates have raised questions regarding the methods and information used in the earlier assessments. The US EPA is currently reassessing CCA as part of its ongoing re-registration program for older pesticides. There are currently many unanswered questions regarding CCA wood. They include:

• How long can pressure treated woods leach CCA?
• Does exposure risk decrease over time?
• How effective are sealants at preventing leaching of CCA?

Although the US EPA and Health Canada have not concluded that CCA wood poses an unreasonable risk to the public or to sensitive populations such as children, it is sensible to avoid exposure to arsenic. Arsenic is a known human carcinogen and can be poisonous at high doses.

Health Canada and the US EPA have developed basic precautions on how to use and handle CCA wood. All individuals, especially children, should follow these precautions. Children have greater hand-to-mouth activity and, may have greater exposure to CCA wood through play structures, decks, fences, and the soil around them.
SECTION: HEALTH AND SAFETY—MIND AND BODY

What is the Government Doing About CCA Wood?

The US EPA is currently reviewing the use of CCA wood in accordance with the latest science and safety standards under the Agency’s re-registration program. The Health Canada Pest Management Regulatory Agency (PMRA) is working closely with the US EPA.

On February 12, 2002 the US EPA announced a voluntary decision by manufacturing industry to stop making CCA wood for consumer use. New alternative wood preservatives that don’t contain arsenic will be available. The Canada PMRA released a similar statement.

This transition affects virtually all residential uses of treated wood including play structures, decks, picnic tables, landscaping timbers, residential fencing, patios and walkways/boardwalks. By January 2004, the US EPA will not allow CCA wood for any of these residential products. Remaining stocks of wood treated prior to December 31 2003 can still be sold in stores and used for residential construction in Canada.

The US EPA continued the reassessment of CCA wood during the transition. The results of the reassessment were expected in late 2003 but the final report has not yet been released as of May 2004. It will provide further information on CCA wood.

Should CCA Wood Be Used for New Construction?

If you are planning on building a deck, fencing, walkway, picnic table, or play-structure, Peel Public Health recommends using an alternative to CCA wood. A number of alternative preservatives have been registered in Canada and will be available in the marketplace. In addition, untreated wood (e.g., cedar, redwood) and non-wood alternatives such as plastics, metal, and composite materials are available. Your local hardware store or lumberyard can provide you with more information about available alternatives.

Wood that is exposed to water in damp soil will lose more preservative than wood that is exposed to an occasional rainfall. Therefore, Peel Public Health recommends avoiding the use of CCA Wood where there are significant wet conditions, such as in a marine environment.

Should Existing CCA Wood Structures Be Replaced?

The ongoing reassessment by the US EPA and Health Canada will more accurately determine the risk to the public from exposure to CCA wood, and be able to provide more information on exposure from existing structures. Until that information becomes available, Peel Public Health does not recommend replacement of existing structures made with CCA wood.

Some studies suggest that applying certain penetrating coatings or sealants (e.g., oil based, semi-transparent stains) are not recommended on outdoor surfaces such as decks and fences since peeling and flaking may impact the durability of the wood and result in exposure to preservatives in the wood.
What Other Steps Can I Take to Reduce Exposure to CCA Wood?

To Reduce Your Exposure to Chemicals in CCA Wood:

- Always wash your hands thoroughly after contact with any wood, especially prior to eating and drinking.
- CCA wood should never be burned in open fires, stoves, fireplaces, or residential boilers.
- Food should not come into direct contact with any CCA wood.
- Children should avoid playing in soil around CCA wood structures.
- CCA wood that is used to frame gardens is not considered to be a significant source of arsenic. Tilling of the garden dilutes any arsenic that has leached into the soil, and there is some evidence that plants absorb arsenic in small amounts.

When working with CCA Wood:

- Only purchase CCA wood that is visibly clean and free of excess surface residues.
- Wear gloves and long sleeves when handling the treated wood.
- Wear a dust mask, eye protection, gloves, and long sleeves when sawing, sanding, shaping, or otherwise machining treated wood to avoid skin contact or inhalation of sawdust.
- Wherever possible, work with treated wood outdoors.
- Wash hands and other exposed skin after contact, before eating or drinking.
- Wash your working clothes before wearing them again. Wash separately from other clothing.
- After construction, all end cuts, sawdust, and construction debris should be cleaned up and disposed of in accordance with local regulations.
- Do not use CCA wood for woodchips or mulch.
ULTRAVIOLET RADIATION INFORMATION

With the gradual thinning of the ozone layer, Canadian adults and children are being exposed to a more intense penetration of ultraviolet radiation (UV). Environment Canada predicts that elevated UV levels will continue for several decades.

Infants and children are at high risk for over-exposure to sunlight. Children receive up to 60 per cent to 80 per cent of their total UV life dose before the age of 18 (Health Canada, 2002). Infants and children have thinner skin than adults and are more sensitive to UV rays (Health Canada, 2002).

All skin colours are at risk for skin damage from UV rays. Those at greatest risk for skin damage are fair-skinned children, especially those who freckle or burn easily, never tan or tan poorly.

Health risks associated with excessive sunlight UV exposure include sunburns, skin aging, eye damage, immune system damage and skin cancers.

One of the conditions that put people most at risk is two or more blistering sunburns as a child or adolescent. This is because the damage to the skin cells does not go away but rather accumulates with each sunburn over the years.

The incidence of skin cancer is steadily increasing in Canada:
- 1990 - 44,000 cases
- 1996 - 65,600 cases

(Source: National Cancer Institute of Canada, 1995)

One in seven children born today will develop skin cancer in their lifetime (Source: Canadian Dermatology Association).

The health risks associated with excessive sunlight (ultraviolet radiation) are largely preventable.

Did you know that up to 80 per cent of ultraviolet radiation passes through puffy, fair-weather clouds, haze, fog and layers of thin, light cloud? The sun safety recommendations apply on cloudy and hazy days too. Furthermore, a person can receive an additional 10 per cent to 80 per cent more UV if that person is on or near snow or other bright surfaces such as sand, cement or water that reflects the sun’s rays.

SUN SAFETY STEPS:

Note: It is important that staff provide a positive “sun-safe” role model for the children. Staff and children should follow these recommendations when outside:

1. Limit Time in the Sun Between 11 a.m. - 4 p.m.:
   - Plan daily outdoor activities so that children are not playing in direct sunlight during the most intense ultraviolet radiation between 11 a.m. to 4 p.m.
   - Keep babies under one year of age out of direct sunlight.

2. Look for Shaded Areas or Create Shaded Areas to Do Outdoor Activities:
   - Do outdoor activities in shady spots (e.g. under a tree, or in the shade of a building).
   - Create shade by planting trees or by using partial roofs, awnings, umbrellas, gazebo tents, etc.
3. The “Shadow Rule”:
   - Children can be taught to stay indoors when their shadow is shorter than they are. That is when the UV rays are most intense, particularly between 11a.m. and 4 p.m. Plan activities around identifying shady places or talk to the children about ways they can have fun in the shade.

4. Slip, Slap, Slop:
   - The Canadian Cancer Society Primary Resource package “Living with Sunshine” (refer to resources in this binder) presents the slogan:
     - Slip on a shirt
     - Slap on a hat
     - Slop on some sunscreen
   
   You could have a silly hat day or use a fun checklist to remind staff and children about the “Slip, Slap, Slop” slogan.

5. Wear Clothing to Protect as Much Skin as Possible:
   - Advise parents that long-sleeved shirts and long pants (or at least knee-length shorts) are recommended even on cloudy days.
   - Tightly woven fabrics block the sun’s rays the best. (A fabric that blocks out the light when held up to the sun or a light bulb will act as a shield against ultraviolet light). Sunscreen should be applied under sheer clothing.
   - When in water, outdoors, T-shirts can be worn (in addition to sunscreen) to give more protection from UV rays.

6. Wear a Hat with a Wide Brim or with a Backflap to Cover the Back of the Neck and Ears:
   - A hat with a wide brim (7.5 cm/3 inches wide) or with a backflap will help shade eyes, ears and neck areas. Hats made of tightly woven fabric are best. Wide brim hats are effective in blocking direct ultraviolet radiation from eyes.

7. Put on UV Protective Sunglasses:
   - Children and staff should wear sunglasses that screen both UVA and UVB rays. It is preferable to choose sunglasses that list on the label the exact amount of UVA and UVB blocked. The higher the percentage of ultraviolet radiation blocked the better (100 per cent protection is best). Sunglasses should be unbreakable.

8. Drink Plenty of Fluids, Especially Water:
   - The body does not use thirst to indicate you are becoming over-heated, so constant fluid intake prior to and during exercise is necessary. Water is the number one choice for hydration. Diluted fruit juice is acceptable.

9. Medications:
   - When children take medication, they may be more sensitive to sun exposure. Check the label on the medication before allowing the child out in the sun and check with your physician/pharmacist.
SECTION: HEALTH AND SAFETY–MIND AND BODY

10. Use Sunscreen with SPF 15 or Higher that Gives Protection from Both UVA and UVB Rays:
   • All staff and children should apply sunscreen before outdoor activities.
   • Apply an SPF sunscreen lip balm for lips.
   • Remember that SPF 15 is the minimum protection recommended. If children are going to be outside for longer than two and a half hours an SPF of 20 to 30 might be a better choice. No sunscreen offers complete protection but the higher the SPF, the more protection given.
   • Babies under 12 months should be covered with clothing and kept out of direct sunlight in a covered stroller, under an umbrella or gazebo tent, or in the shade as much as possible.
   • **Exception:** Sunscreens are not recommended by the Canadian Dermatology Association for infants under six months of age.
   • If any child develops an allergic skin reaction such as redness, itchiness, blotchiness or a rash after sunscreen has been applied, stop using the product immediately. Inform the child’s parent of the reaction and suggest that he/she consult with a pharmacist or doctor regarding alternate sunscreen choices.

HOW TO USE SUNSCREEN:

1. The Canadian Dermatology Association (CDA) recommends the following website in order to obtain the latest recognized sunscreens: http://www.dermatology.ca/english.

2. Read and follow the manufacturer’s recommendations on the bottle or tube. Check for expiry date.

3. Test for allergic reaction when first using a sunscreen.
   • Check with the child’s parent for any history of skin reactions to the sunscreen product. If this information is not available, suggest that a parent do the following test. Apply a liberal amount of the sunscreen on the child’s inner forearm for two to three days consecutively (e.g. over a weekend). Instruct the parent to check to see if there are any signs of an adverse reaction (e.g. redness, itching, etc.).

4. Apply sunscreen 20 to 30 minutes before going out.
   • This is important. It allows time for the active ingredients in the sunscreen to reach the protection level.

5. Apply sunscreen generously to dry clean skin.
   • Sunscreen must be applied to dry clean skin generously to be effective. Do not forget ears, nose, back of neck, backs of legs and tops of feet.

6. Reapply every two to three hours and after perspiring.
   • Sunscreen (including waterproof varieties) should be reapplied every two to three hours and after skin becomes wet to maintain maximum effectiveness.
   • Note that repeated applications of a sunscreen simply reinforce the sun protection. Reapplications do not increase the amount of time you can spend in the sun beyond the maximum SPF of the sunscreen.
SECTION: HEALTH AND SAFETY–MIND AND BODY

7. If applying more than one substance (e.g. make-up, insect repellent):
   • Always put the screen product on first and wait the 30 minutes after applying. Then apply the second substance.

Remember:

Sunscreen is a valuable tool when the children are out in the sun; but no sunscreen protects 100 per cent. When children are outside, using natural protection (clothing and hats) should be the first choice. Then use sunscreen on all remaining exposed skin.
SECTION: HEALTH AND SAFETY–MIND AND BODY

PROMOTING ACTIVE LIVING

Did You Know That...

• 60 per cent of Canadian preschool children in child care settings spend less than 10 per cent of their time in structured outdoor gross motor play
• 60 per cent of Canadian young people do not meet the average fitness standards for their age group
• 40 per cent of Canadian children have at least one risk factor for heart disease — reduced fitness due to an inactive lifestyle
• Television, video games, fast food and motorized transportation all contribute to an inactive lifestyle in our society
• School-age children watch a minimum of 26 hours of television per week in addition to the 25 to 30 hours they spend sitting in school


WHY BE ACTIVE?

Physical activity is important for healthy growth and development.

Body benefits include:

• Improved cardiovascular fitness
• Improved muscle strength and flexibility
• Strong bones
• Improved posture and balance
• Helps maintain body weight
• Improved energy levels

Cognitive, emotional and social benefits include:

• Improved confidence and self-esteem
• Improved concentration, memory and problem-solving skills that contribute to better learning
• Opportunities for socialization and making friends
• May reduce future use of alcohol, tobacco or other drugs

If children are encouraged at a young age to adopt healthy lifestyle habits, the potential for maintaining this lifestyle throughout adulthood is increased.
SECTION: HEALTH AND SAFETY–MIND AND BODY

TIPS FOR HELPING YOUNG CHILDREN GET ACTIVE

• Young children need activity in short bursts with frequent breaks.
• They enjoy activities that involve running, jumping, rolling, climbing, throwing, catching and kicking.
• Start with easy-to-learn patterns and gradually move to more difficult patterns when learning new activities.
• Use variety: play games, have themes, add music to increase the fun.
• Be aware of safety: show children how to do activities safely, supervise their play, keep the play area free of objects that might cause injury.

Peel Public Health will:

• Provide a free copy of the exercise video “Workout with Ticker! For a Healthy Heart.”

How Can You Help?

• Join the Peel Heart Health Network as an individual or workplace.
• Contact one of the community recreation agencies listed in the resource section to find out how you can enhance your activity program.

How Can Peel Public Health Help?

• “Workout With Ticker! For A Healthy Heart:” a fun energizing exercise video for children ages two to six; a joint project of the Peel Heart Health Network, the Regional Municipality of Peel and Stretch-n-Grow of Canada. A free copy is available for all child care centres in the Region of Peel. Call Peel Public Health at 905-799-7700.

Note: Resources for “Promoting Active Living” are available at the end of this section of the manual.
SMOKE-FREE PLACES FOR CHILDREN

Second-hand smoke is a major cause of preventable illness and death in Ontario. Children are especially vulnerable to second-hand smoke. Their small lungs are still developing and are more easily damaged by second-hand smoke. Children are also less likely to complain about tobacco smoke or be able to remove themselves from the smoke.

What is Second-Hand Smoke?

- Second-hand smoke (also called environmental tobacco smoke or ETS) comes from any burning tobacco. It is the smoke that drifts from the burning end of the lit cigarette and that the smoker blows out into the air.
- Second-hand smoke is poisonous, and contains over 4,000 chemicals — and more than 40 of them are known to cause cancer.
- Second-hand smoke spreads from one room to another even if the door is closed and the windows are open.

How Does Second-Hand Smoke Affect Children?

- Second-hand smoke is more harmful to children than adults, because their lungs are smaller and they breathe more rapidly.
- Young children who live in a smoke-free home are less likely to suffer from:
  - Bronchitis or pneumonia
  - Ear infections
  - Asthma
  - Sudden Infant Death Syndrome (SIDS)

Protecting Children:

- Plan activities in smoke-free public places
- Make your home and car smoke-free
- Visit only smoke-free places, restaurants and homes

Tips for Parents: Educating Children About Tobacco:

- It’s never too early — or too late — to talk to your kids about smoking.
- Keep the lines of communication open.
- Give your child simple information about the harmful effects of smoking.
- If you smoke, talk openly about your addiction and your attempts at quitting.

Adapted from:

"Your Child is Worth it! — Making Your Home Smoke-Free." (brochure)
Canadian Council on Smoking and Health, "Tobacco: The Facts." (brochure)
"Health Tips - The Truth About Smoking." (fact sheet)
LEGISLATION

Smoke-Free Ontario Act

SMOKE-FREE ONTARIO ACT

In June 2005 the provincial government of Ontario passed the Smoke-Free Ontario Act; which will amend the Tobacco Control Act, (1994) when it becomes effective on May 31, 2006.

Smoking tobacco or holding lighted tobacco is prohibited within a licensed day nursery (*) or a place where licensed private-home day care (*) is provided - whether or not children are present, according to the Smoke-Free Ontario Act.

(* As defined within the Day Nurseries Act ¹)

Although smoking was previously prohibited in day nurseries by the Tobacco Control Act; licensed private-home day care facilities were not addressed through that legislation.

May 31, 2006 is the date that the Smoke-Free Ontario Act becomes effective.

Employers of these Facilities Must…

• Inform all employees and persons that smoking tobacco or holding lighted tobacco is prohibited in a licensed day nursery or a place where licensed private-home day care is provided - whether or not children are present

• Ensure that a person who refuses to comply with this restriction does not remain in the enclosed area

• Post signs that prohibit smoking throughout the enclosed area; including washrooms

• Ensure that no ashtrays or similar equipment are present within the enclosed area

Peel Public Health Can …

• Help employers of licensed day care facilities understand the Smoke-Free Ontario Act

• Charge and/or fine employers of licensed day care facilities for not complying with the Smoke-Free Ontario Act

• Provide information about the health effects of second-hand smoke or resources on how to create smoke-free spaces (e.g. homes, cars)

• Offer free support/counselling to those interested in quitting smoking

Further Information?

• Call the Region of Peel at 905-799-7700 or Toll-Free from Caledon 905-584-2216

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REFERENCES

1. PROMOTING BRAIN DEVELOPMENT

2. RAISING NON-VIOLENT CHILDREN

3. RAISING SEXUALLY HEALTHY CHILDREN
SECTION: HEALTH AND SAFETY–MIND AND BODY


4. DEALING WITH DIVERSITY

- Paquin, Debby. “Verbal Communication,” *Red Cross of Saskatchewan.*

An excellent resource for child care centres to help them look at culturally sensitive programming and policy development. It includes a needs assessment and an expanded bibliography of books appropriate for preschoolers.

The Following is a List of Recommended Books:

- Sparks, Louise Derman. *Anti-Bias Curriculum: Tools for Empowering Young Children.*
- Chech, Maureen. *Globalchild: Multicultural Resources for Young Children.*
- Cook, Deanna. *Kid’s Multicultural Cookbook: Food & Fun Around the World.*
- Perry, Caroline. *Let’s Celebrate: Canada’s Special Days.*

5. SLEEP POSITION/TUMMY TIME FOR BABIES

- “More on SIDS,” www.sidscanada.org

6. CAR SEAT SAFETY


7. CREATING A SAFE ENVIRONMENT

**Scent and Sensitivities**

SECTION: HEALTH AND SAFETY–MIND AND BODY

8. FIRE SAFETY

9. PLAYGROUND SAFETY*
   • Peel Child Care Committee, “Playground Safety - It’s Our Responsibility!” 1999.

*Caution: Remember the only standards that apply in Canada are the CAN/CSA-Z614-03 Standards for “Children’s Playspaces and Equipment.” Some of the standards in the reference materials were made prior to these standards or may refer to standards applicable outside of Canada.

10. SUN SAFETY
    • Canadian Dermatology Association: A comprehensive sun safety programs for daycares www.dermatology.ca/

11. PROMOTING ACTIVE LIVING

12. SMOKE-FREE PLACES FOR CHILDREN
Resouces

1. Promoting Brain Development

- “The First Years Last Forever: The New Brain Research and Your Child’s Healthy Development,” (booklet). Available from Canadian Institute of Child Health (CICH) 613-224-4144 or online at www.cich.ca.
- The Canadian Institute of Child Health, “The First Years Last Forever” (parenting booklet), I Am Your Child.

2. Raising Non-Violent Children

The Following Brochures are Available:

- Peel Committee on Sexual Assault (PCSA) and Peel Committee Against Woman Abuse (PCAWA), “Building Blocks For Violence-Free Play and Learning - A Resource Kit for Raising Children (0 - 6) Violence-Free.” 
  **Order from:** Peel Committee on Sexual Assault (PCSA) 905-273-4100. One free resource; book and toy is available for pick-up for child care centres, organizations and those working with children ages 0 - six years, as well as parents of children 0 - six years in the Region of Peel. A charge applies for shipping and handling if mailed. Additional copies are available on request for a charge + shipping and handling costs.
- Region of Peel, “Bullying Hurts …. Inside and Out.” These are available in limited quantities; call Peel Public Health 905-799-7700.
- The Phoenix Centre for Children and Families, “Bullies are Not Cool.”
- Peel Public Health facilitates "Nobody's Perfect" groups for parents and caregivers. Over a six- to-eight week period, parents can get group support and new information to help them with concerns common to parents of young children five years of age and under. This program is especially geared to parents who may be coping with special problems such as isolation, financial concerns, and lack of support. Registration is free; bus tickets, child care and snacks are provided. For more information, parents and caregivers can call Health Line Peel: 905-799-7700.

3. Raising Sexually Healthy Children

- For more ideas, please visit our website at www.peelregion.ca. Search for “raising sexually healthy children.” For further support, you may also call Peel Public Health at 905-799-7700 and ask for Sexual Health.
4. DEALING WITH DIVERSITY

- Parentbooks carry a wide range of titles for professionals, parents and children. A sample of booklist categories that support diversity are: gender issues, sexual orientation and families, single parenting, step and blended families, children with special needs. Within each category, are titles that could be used to develop curriculum as well as books to read to children. You can contact Parentbooks at 416-537-8334 or at www.parentbookstore.com.


- Barbarash, Lorraine. *Multicultural Games: 75 Games from 43 Cultures*.

Librarians in the children’s departments of local libraries can recommend preschool books that celebrate families and customs from around the world. Some books are available in English; others in another language format. Stories that illustrate the variety in family composition are also available.

**The Following Books are Available in Our Local Libraries:**


- Emberly, Rebecca. A number of books about activities written in English and Spanish with coloured paper illustrations. (*My House, Taking a Walk, My Day, Lets Go*).


- Raynor, Dorka. *Grandparents Around the World*.


A large number of multicultural agencies within Peel are willing to consult with you around their particular culture and its customs. If you are unsure of who to contact, call the Peel Multicultural Council at 905-819-1144.

**Multicultural Food Information Can Be Obtained From:**

- **Dairy Farmers of Ontario:** 905-821-8970. They publish a number of educational kits for preschoolers, a day care centre newsletter called "Good Beginnings" that may include information on multicultural issues and carry an expanded set of food models featuring multicultural foods.

- **Canadian Cancer Society - Nova Scotia Division** - distributes "Growing Up With Food" for primary grades. This kit contains activities that could be adapted for pre-schoolers and covers foods from around the world. Call 902-423-6183 or write the Canadian Cancer Society, Nova Scotia Division, 5826 South Street, Ste. 1, Halifax B3H 1S6.
SECTION: HEALTH AND SAFETY–MIND AND BODY

• Barer-Stein, Thelma. *You Eat What You Are - A Study of Ethnic Food Traditions*. This Canadian book includes foods, eating customs and special occasions of 52 cultures found in Canada.

• Adapted by Tharlet, Eve. *The Little Cooks*. This cookbook shows how to make the favourite dishes of children from around the world. The recipes are illustrated with bright, appealing step-by-step instructions. It can be purchased from UNICEF by calling 416-482-4444.

5. CAR SEAT SAFETY


• **Infant & Toddler Safety Association:**
  - “Shopping for Baby’s First Car Seat” (pamphlet)
  - “Infant Car Seats’ (pamphlet)
  - “Convertible Car Seats” (pamphlet)
  - “Booster Seats” (pamphlet)
  - “Child Restraint Stages” (fact sheet)
  - “Used Safety Seat Checklist” (fact sheet)
  - “Combination Child/Booster Restraints” (fact sheet)

• **Ministry of Transportation (MTO)**
  - “What You Should Know About Air Bags” (brochure)

• **Transport Canada**
  - “Car Time 1,2,3,4” (brochure and video)
  - “Air Bag Deactivation” (brochure)

• For information on where parents can have their car seat checked, call Peel Public Health at 905-799-7700

**Additional information can be obtained from:**

• Canada Safety Council
  www.safety-council.org, 613-739-1535

• Infant and Toddler Safety Association
  519-570-0181

• Ministry of Transportation of Ontario
  416-235-1708

• Safe Kids Canada
  www.safekidscanada.ca, 416-813-6766

• Transport Canada
  1-800-333-0371
SECTION: HEALTH AND SAFETY–MIND AND BODY

6. BICYCLE SAFETY
   • For information on bicycle safety call Peel Public Health at 905-799-7700.
   • Additional information can be obtained from:
     - Brain Injury Association of Peel/Halton
       www.biaph.com, 905-823-2221
     - Canada Safety Council
       www.safety-council.org, 613-739-1535
     - Canadian Cycling Association Committee
       www.canadian-cycling.com, 613-248-1353
     - Ontario Cycling Association*
       www.ontariocycling.org, 416-426-7416
     - Safe Kids Canada
       www.safekidscanada.ca, 416-813-6766
     - **“Young Cyclist’s Guide” (booklet). Available from the Ontario Ministry of Transportation (416-235-3473) and the Ontario Cycling Association. A copy is included in the plastic sleeve following this section.
     - Safe Kids Canada, “Got Wheels? Get a Helmet” (fact sheet) 1-888-SAFETIPS.

7. CREATING A SAFE ENVIRONMENT
   Contact the Public Health Inspector at the Peel Public Health office serving your centre. Or Call Peel Public Health at 905-799-7700
   Toll free from Caledon area: 905-584-2216
   Visit the Peel Public Health website at www.peelregion.ca/health

   Scent & Sensitivities:
   • Awareness kit on scent-free environments; available from Public Service Alliance of Canada. Order on-line at www.psac.com under Health and Safety Publications.
   • Canadian Centre for Occupational Health and Safety: www.ccohs.ca.

8. AIR QUALITY
   • Ontario Ministry of the Environment Smog Alert Network: sign up on-line at www.airqualityontario.com
   • Ontario Ministry of the Environment Air Quality Index phone line: 1-800-387-7768 or 416-246-0411.

9. FIRE SAFETY
   • “Outlining Duties and Responsibilities of Staff Members During a Fire.” (Appendix #1)
   • “Monthly Fire and Evacuation Safety Checklist.” (Appendix #2)
SECTIONS: HEALTH AND SAFETY—MIND AND BODY

• To book your annual inspection, contact the fire department in your area. An educational visit to your local fire department can also be arranged, or you can arrange for the fire department to come and make a presentation at your centre. To inquire about availability call:
  • Brampton Fire and Emergency Services
    905-874-2702
  • Caledon Fire and Emergency Services
    905-584-2272
  • Mississauga Fire and Emergency Services
    905-896-5908
  • Learn Not to Burn preschool program teaches fire safety awareness and skills to children aged three-to-five through activities and song. This program is available through Child Development Resource Connection Peel and the Canadian Association of Fire Chiefs.
  • Child Development Resource Connection Peel
    905-507-9360
  • Canadian Association of Fire Chiefs
    1-800-668-2955
  • Sparky’s ABC’s of Fire Safety video is an animated short movie that teaches fire safety using the letters of the alphabet as a teaching tool. This can also be ordered through the Canadian Association of Fire Chiefs.
  • YMCA Children’s Services, “Monthly Health and Safety Checklist.”
  • City of Brampton, “Fire Safety Plan for Day Care Centres.”
  • City of Mississauga, “Fire Safety Plan for Day Care Centres.”
  • Greenbriar Child Development Centre, “Emergency Evacuation Procedures.”
  • St. Hilary’s Daycare, “Student/Volunteer Orientation Checklist.”

10. SCALDS AND BURNS
  • For more information on “Scalds and Burns,” call Peel Public Health at 905-799-7700.
  • “Protect Your Child From Scalds and Burns” (fact sheet)
  • “You Can Prevent Scalds” (fact sheet)
  • “Safe Kids Canada”
    www.safekidscanada.ca, 1-888-SAFE-TIPS

11. PLAYGROUND SAFETY
  • Region of Peel, “Playground Safety: Keeping Your Child Safe.” (guide).
  • Region of Peel, “Playground Safety: Playing Safe on the Playground.” (poster).
  • Safe Kids Canada, “Childs Play.” (video and safety guide)
  • Safe Kids Canada: www.safekidscanada.ca
SECTION: HEALTH AND SAFETY–MIND AND BODY

- Ontario Parks Association, “It's Time to Stop Playing Around.” (video)

Videos

- Ontario Parks Association, “It’s Time to Stop Playing Around.” (video). This video provides an overview of the CSA National standards and outlines angles to prevent entrapment, protective surfacing, hazard identification and steps to be taken in developing a safe playground.
- Safe Kids Canada, “Child’s Play - Video and Safety Guide.” This 15-minute video can be used with parents to educate them about playground safety. It stresses the importance of surfacing, equipment and active supervision.

Websites

- Canada Safety Council www.safety-council.com
- Canadian Parks /Recreation Association - Canadian Playground Safety Network www.activeliving.ca/activeliving/cpra/cpsi.html
- Canadian Standards Association www.csa.ca
- Child Development Resource Connection Peel (formerly Peel Child Care Committee). www.cdrcp.com
- Child & Family Canada www.cfc-efc.ca
- National Program for Playground Safety www.uni.edu/playground/home.html
- National Recreation and Park Association www.activeparks.org/
- Region of Peel www.peelregion.ca
- Safe Kids Canada www.safekidscanada.ca
- The World Playground, Parks & Recreation, Products & Services www.world-playground.com/
- Trauma Prevention Council www.traumaprevention.on.ca
- Canadian Parks and Recreation Association: 613-748-5651

CPRA provides training and certification for Canadian Certified Playground Inspectors. Contact the association or visit their website for a list of Certified Playground Inspectors in your area.
SECTION: HEALTH AND SAFETY–MIND AND BODY

• Child Development Resource Connection Peel: 905-507-9360
  This committee provides information about playground safety in the Region of Peel. It will loan copies of the CSA National Standards (CAN/CSA - Z614-03), the videos “It’s Time to Stop Playing Around” and “Child’s Play” and probes, which can be used to test equipment for entrapment hazards. The committee also arranges workshops on playground safety. A more detailed manual called “Playground Safety, It’s our Responsibility!” is available from the Child Development Resource Connection Peel.

• Ontario Parks Association:
  416-426-7157

• Safe Kids Canada:
  1-888-SAFETIPS

12. CHROMATED COPPER ARSENATE (CCA) WOOD

• The US EPA Office of Pesticides Program
  http://www.epa.gov/pesticides/factsheets

• Health Canada Pest Management Regulatory Agency (fact sheet on CCA Wood)
  http://www.hc-sc.gc.ca/pmra-arla

• CCA Wood Consumer Safety Information
  http://www.ccasafetyinfo.ca/index.html

13. SUN SAFETY

• Canadian Cancer Society
  Albion/Bolton
  905-451-4460
  Brampton
  905-451-4460
  Mississauga
  905-608-8411

  The Canadian Cancer Society recommends the video "Cover Up", a 12-minute music video, with three original songs performed by children and "Mr. Sun." The video can be borrowed from the Mississauga branch of the Cancer Society. It can also be purchased from Magic Lantern (#885-31-100) at 416-675-1155.

  The Canadian Cancer Society Primary Resource package "Living with Sunshine" includes activities and a song, with content that could be adapted for the pre-school age group. This resource can be obtained from the local Canadian Cancer Society branches.

  The Canadian Dermatology Association has released a four-minute video suitable for preschoolers. Cartoon characters teach a song about safety in the sun, using the music to "Twinkle Twinkle Little Star." The video can be ordered from the Canadian Public Health Association 400-1565 Carling Ave. Ottawa, On K1Z 8R1. Phone: (613) 725-3769, ext. 190.

  Environment Canada, “The Children’s UV Index Sun Awareness Program - Sun Savvy School Club.” (brochure). Email: Angus.Fergusson@ec.gc.ca

  Environment Canada:
  www.msc-smc.ec.gc.ca/uv_e.html
SECTION: HEALTH AND SAFETY–MIND AND BODY

- Canadian Cancer Society:
  www.cancer.ca

- Health Canada:
  www.hc-sc.gc.ca/english/feature/summer/air_sun/uvindex.html

- National Cancer Institute of Canada:
  www.ncic.cancer.ca/english/index.html

14. PROMOTING ACTIVE LIVING

- Active Living Alliance for Canadians with a Disability
  613-244-0052 or 1-800-771-0063

- Brampton Parks and Recreation
  905-874-2300

- Caledon Parks and Recreation
  905-584-2272 ext. 2235

- Canadian Institute of Child Health
  613-230-8838

- The Foundation for Active Healthy Kids & Ready Set Go
  416-426-7120 or 1-888-446-7432

- Heart and Stroke Foundation of Ontario
  905-451-0021 (Brampton)
  905-897-0366 (Mississauga)

- Mississauga Recreation and Parks
  905-896-5342


- Peel Heart Health Network: Thirty-seven community organizations that share a commitment to improving heart health in Peel. Network initiatives include the “Pump Press Newsletter,” newspaper columns, the development of “Ticker” the mascot, “Healthy at Heart Awards,” and the “Children’s Health Fair.” For more information on the Peel Heart Health Network, please call Peel Public Health: 905-799-7700.

- “Stretch-n-Grow of Canada:” has developed a pre-school fitness program designed to assist child care providers and parents in helping young children learn healthy fitness habits. For more information, call: 1-800-892-5742

- YMCA
  905-451-9622 (Brampton)
  905-897-9622 (Mississauga)
### 15. SMOKE-FREE RESOURCES FOR CHILDREN

- Peel Public Health can help employers of licensed day care facilities understand the Smoke-Free Ontario Act. Please contact the Region of Peel – Public Health at 905-799-7700 (toll-free from Caledon at 905-584-2216) and ask to speak to a Public Health Inspector. You can also visit the Peel Public Health website at [www.peelregion.ca/health](http://www.peelregion.ca/health).

The following information materials are also available:

<table>
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<tr>
<th>Resource</th>
<th>Description</th>
<th>How-To-Order</th>
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<tr>
<td>“Talk it Out: A Parent’s Guide to Kids and Smoking” Ontario Ministry of Health and Long-Term Care, 2003. (see plastic sleeve)</td>
<td>This booklet is designed to help parents explore the topic of smoking with their children. Offers advice for opening dialogue with kids, and includes tips for parents who smoke themselves.</td>
<td>Ontario Ministry of Health and Long-Term Care at 1-877-234-4343</td>
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<tr>
<td>“The Facts about Second-Hand Smoke” Region of Peel, 2003. (see plastic sleeve)</td>
<td>This brochure provides an overview of the dangers of second-hand smoke.</td>
<td>Region of Peel-Public Health at 905-799-7700 (toll-free from Caledon at 905-584-2216)</td>
</tr>
<tr>
<td>“Smoke-free Homes: Steps to Make Your Home Smoke-Free” Program Training and Consultation Centre, PTCC, 2003. (see plastic sleeve)</td>
<td>This brochure provides tips on how to make your home smoke-free and encourages asking a smoker to “take it outside”. Information is included on how second-hand smoke harms children and causes asthma. Smoke-free home and car decals are included within this resource.</td>
<td>Program Training and Consultation Centre at 1-800-363-7822</td>
</tr>
<tr>
<td>“An Activity Book for Non-Smoking Children” AMC Media Corporation, 2000. (see plastic sleeve)</td>
<td>This colouring book for children illustrates the benefits of smoke-free living.</td>
<td>Region of Peel-Public Health at 905-799-7700 (toll-free from Caledon at 905-584-2216)</td>
</tr>
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### Websites

- Region of Peel [www.smokefree-peelregion.ca](http://www.smokefree-peelregion.ca)
- Ontario Ministry of Health Promotion [www.mhp.gov.on.ca](http://www.mhp.gov.on.ca)
- Physicians for a Smoke-Free Canada [www.smoke-free.ca](http://www.smoke-free.ca)
- Canadian Cancer Society [www.cancer.ca](http://www.cancer.ca)
- The Lung Association [www.lung.ca](http://www.lung.ca)
- Heart and Stroke Foundation [www.heartandstroke.ca](http://www.heartandstroke.ca)
- Canadian Council for Tobacco Control [www.cctc.ca](http://www.cctc.ca)
- Non-Smokers’ Rights Association [www.nsra-adnf.ca](http://www.nsra-adnf.ca)
RESOURCE TOOL- EMERGENCY PROCEDURE

• The following may be used as a template that can be cut out, laminated and used as a reference in each room. It is not designed to be used for the first time in the event of an emergency, but as a resource tool that is easily accessible for frequent review of the emergency procedures, especially for new staff.

SUPERVISOR

1. Assist remaining children and staff to exit the building
2. Check with staff to ensure all children and staff are accounted for
3. Contact the appropriate emergency response services if necessary
4. Make sure the master attendance list, emergency forms and necessary medications are accessible and taken out
5. Wait for the emergency response services and inform them of the situation upon arrival
6. If necessary, contact parents and arrange for movement to the emergency location

STAFF #1

1. Line up children and evacuate the building
2. Assemble in designated area
3. Ensure everyone is present
4. Assess any injuries and report them to the supervisor
5. Initiate a quiet activity to keep the children’s attention away from the fire

STAFF #2

1. Get the emergency evacuation bag
2. Get the emergency information sheets for the children
3. Assist the children in exiting the building
4. Assemble in designated area
5. Remain with children until further instructions are given

KITCHEN AND AUXILIARY STAFF

1. Turn off all kitchen appliances
2. Assist staff in infant or toddler area
3. Exit the building
4. Assemble in designated area
5. Remain with children until further instructions are given
MONTHLY FIRE AND EVACUATION SAFETY CHECKLIST

Name of Centre: ____________________________

Month: ________________________________

Staff’s Signature: ________________________

Director’s Signature: _____________________

Are all (insert # ........) fire extinguishers accessible?

Yes ☐ No ☐

Are all (insert # ........) fire extinguishers in working order?

Yes ☐ No ☐

Are there any trouble lights illuminated on the smoke/carbon monoxide detectors?

Yes ☐ No ☐

Are all back-up batteries in working condition?

Yes ☐ No ☐

Are the emergency lights and emergency exit signs in working condition?

Yes ☐ No ☐

Are all (insert # ........) of the first aid kits fully stocked?

Yes ☐ No ☐

List any supplies that are missing ________________________________

Is the evacuation kit fully stocked? (Check any expiry dates on perishable items)

Yes ☐ No ☐
SECTION: HEALTH AND SAFETY MIND AND BODY

Do all access keys (including those in evacuation/emergency kits) still operate the appropriate locks?

Yes ☐  No ☐

Are all exit doors clear and accessible?

Yes ☐  No ☐

Are there any damaged electrical cords or appliances?

Yes ☐  No ☐

Is a maximum of 20 per cent of the wall space covered with combustible artwork and teaching materials?

Yes ☐  No ☐

Is the laundry dryer lint trap clear of debris?

Yes ☐  No ☐

Are all combustibles stored in appropriate containers?

Yes ☐  No ☐

Are the emergency phone numbers in each room easily visible and up to date?

Yes ☐  No ☐

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<th>Item to be Completed</th>
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INTRODUCTION
As a child care provider you are in an ideal position to identify concerns and problems that may need the support of or intervention by other community agencies and services.

This section includes information on:
- Child abuse
- Children with physical, developmental and behavioural concerns
- The Healthy Babies/Healthy Children Program
- Families in crisis

LEGISLATION

*Child and Family Services Act*
SECTION: CHILDREN & FAMILIES NEEDING SPECIAL HELP

CHILD ABUSE

The following section on child abuse has been excerpted from “Working Together to Keep Children Safe: Guidelines for the Identification, Reporting & Investigation of Child Protection Concerns.” Peel Children’s Aid and Peel Child Care Caregivers (2003) with the kind permission of Peel Children’s Aid Society.

ROLES AND MANDATES

1. Role and Mandate of the Children’s Aid Society:

The Children’s Aid Society has the primary responsibility, under *The Child and Family Services Act*, to investigate allegations or evidence that children under the age of 16, may be in need of protection.

The Children’s Aid also has a legal mandate to investigate allegations or evidence that a child may be in need of protection if the person under the age of eighteen (18) is a ward or is under the supervision of the Children’s Aid.

2. Role and Mandate of Police Services

Police in every community, have the mandate to enforce the Criminal Code, and other federal, provincial and municipal legislation and related regulations. Police must also comply with the *Police Services Act*.

Within this protocol, the Police have primary responsibility for conducting law enforcement and criminal investigations pertaining to allegations of child abuse.

3. Role and Mandate of Child Care Caregivers

Child care caregivers have a major role to play in the identification of child abuse and child maltreatment. Every child care caregiver has a responsibility to report suspected children in need of protection to the Children’s Aid Society.

Please Note: The term “child care caregiver” is used throughout this document to refer to anyone who is paid to care for children, either in a child care centre or home-based setting.

DEFINITION OF A CHILD

The Child and Family Services Act, Part III, defines a child as a person under the age of sixteen (16) years of age. A person subject to a protection order, for example an order of supervision or wardship, is considered to be a child until they attain eighteen (18) years of age. A child protection investigation can not be undertaken with regards to a sixteen (16) or seventeen (17) year old who is not the subject of a child protection order. Allegations of neglect/abuse involving such young people are investigated by the police under the assault or sexual assault provisions of the Criminal Code.

DEFINITIONS OF A "CAREGIVER"

The Children’s Aid Society investigates child protection allegations if the alleged caregiver is deemed to have been in a caregiving capacity. It is the responsibility of the Children’s Aid Society to determine who is "a caregiver" under the Child and Family Services Act (CFSA).

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The definition of a caregiver by the Children’s Aid Societies in the Province of Ontario is defined by three categories: the "primary caregiver", an "assigned caregiver", and an "assumed caregiver". The following list identifies examples of all three caregiver categories.

- Mother
- Father
- Live-in partner
- Caregiver exercising access contact
- Adult with a custody and control order for the child in question
- Foster parent
- Child caregiver
- Child care worker
- Babysitter
- A family member providing temporary substitute care
- A partner of a caregiver (with no legal relationship to the child)
- Teacher
- Child's recreational group leaders
- School bus driver

If the alleged offender is not deemed to have been in a caregiving role to the victim, the investigation then falls within the police mandate only. The Children's Aid Society will, however, be notified if the alleged offender has access to any children.

DEFINITION OF A CHILD IN NEED OF PROTECTION

Section 37(2) of the Child and Family Services Act defines a child in need of protection where:

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person’s failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child.

2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person’s failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child.

3. The child has been sexually molested or sexually exploited by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.

4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.

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5. The child required medical treatment to cure, prevent or alleviate physical harm or suffering and the child’s parent or the person having charge of the child does not provide, or refuses to or is unavailable or unable to consent to the treatment.

6. The child suffers emotional harm, demonstrated by serious:
   i. anxiety
   ii. depression
   iii. withdrawal
   iv. self-destructive or aggressive behaviour, or
   v. delayed development

and there are reasonable grounds to believe that the emotional harm suffered by the children results from the actions, failure to act or pattern of neglect on the part of the child’s parent or the person having charge of the child.

7. The child has suffered emotional harm of the kind described in subparagraph (i), (ii), (iii), (iv) or (v) of paragraph 6 and the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to services or treatment to remedy or alleviate the harm.

8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph (i), (ii), (iii), (iv) or (v) of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child’s parent or the person having charge of the child.

9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph (i), (ii), (iii), (iv) or (v) of paragraph 6 and that the child’s parent or the person having charge of the child does not provide, or refuses to or is unavailable or unable to consent to, services or treatment to prevent the harm.

10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child’s development and the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

11. The child has been abandoned, the child’s parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child’s care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child’s care and custody.

12. The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person’s property, services or treatment are necessary to provide a recurrence and the child’s parent or the person having charge of the child does not provide, or refuses to provide, or is unavailable or unable to consent to, those services or treatment.

13. The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person’s property, with the encouragement of the person having charge of the child or because of that person’s failure or inability to supervise the child adequately.

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REPORTING

Duty to Report

Section 72(1) of The Child and Family Services Act places an expectation on professionals and the public to report a child in need of protection.

“Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicions and the information on which it is based to a society.” [See Definition of a Child in Need of Protection Child & Family Services Act Section 37(2)].

Ongoing Duty Report

Section 72(2) of the Child & Family Services Act states:

“A person who has additional, reasonable grounds to suspect one of the matters set out in subsection (1), shall make a further report under subsection (1) even if he or she has made previous reports with respect to the same child.”

Person Must Report Directly

Section 72(3) of the Child & Family Services Act states;

‘A person who has a duty to report a matter under subsection (1) or (2) shall make the report directly to the Society and shall not rely on any other person on his or her behalf.’

Failure to Report

Professionals and officials have the same duty as any member of the public to report a child’s need for protection. However, the Act recognizes that persons working closely with children have a special awareness of children who may be in an abuse or neglect situation. As a result, the legislation imposes a specific sanction on these professionals in the event that the duty to report is ignored.

Failure to report is an offence under the Child & Family Services Act. Any professional who fails to report his/her suspicion of a child who is or may be in need of protection is liable on conviction to a fine up to $1,000.00. The decision to charge for failure to report shall be made by the Police or the Children’s Aid Society, upon receipt of the information related to a failure to report.

HOW TO CONTACT PEEL CHILDREN’S AID SOCIETY

The Peel Children’s Aid Society provides service 24 hours a day, 7 days a week, 365 days of the year. Regular business hours are 9:00 a.m. to 5:00 p.m., Monday through Friday. From July 1st to August 31st, the Peel Children’s Aid has “summer” business hours, 8:30 a.m. to 4:30 p.m.

For families residing in Mississauga, the Mississauga Branch of Peel CAS can be reached at 905-275-7444. For families residing in Brampton and Caledon, the telephone number is 905-796-2121.

When calling the CAS during regular business hours, your call will be directed to an Intake Eligibility worker. During high volume periods, your call will be placed in sequence and answered by the first available Intake Eligibility worker.

The Society provides emergency after hour services from 5:00 p.m. to 9:00 a.m. daily, and on weekends and statutory holidays (4:30 pm to 8:30 am during summer hours). All after hours calls are managed through an answering service with an on-call social worker responding to a pager system. The after hours service strives to respond to calls within 30 minutes of the initial call. If your call is not returned within 30 minutes, please call the After Hours number again and restate your request to make a report.

Please do not leave new child protection concerns on the voicemail of a CAS social worker.

HOW TO MAKE A REPORT TO PEEL CHILDREN’S AID

Immediately, or as soon as possible, call the Peel Children’s Aid Society to make a verbal report. During the day and after hours, please indicate that you want to make a report that a child may be in need of protection. If the child is in immediate danger, call 911.

When reporting to CAS, be prepared with:

- Your name, phone number and address
- Name, age, and home address of the child
- Present location of the child
- School or child care information, including dismissal/pick up times
- Specific details on the nature and extent of the child protection concerns
- What information did the child disclose
- Risk of further harm or imminent danger
- If you suspect physical abuse, provide specific details on the nature and extent of the injury (ie; location of injury, size, colour, pattern, shape, etc.)
- If the report is related to sexual abuse concerns, was the alleged perpetrator a caregiver?
- How have you become aware of the information you are reporting?
- Try to quote exactly what was said by the child
- Where and when the incident(s) occurred
- Who does the child live with
- Name, address of the parent or caregiver
- Family language and ethnicity
- Names, ages and schools of other children in the home (ie; siblings, any other children in the home)
- Does the child have any special needs?
- Who else may have direct knowledge of the incident being reported?
- Are there other professionals involved with the family?
- Is there a history of violence (domestic, other violent crime)?

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- Is substance abuse suspected?
- Is there a history of mental health issues?
- Knowledge of previous child protection history

Making a report is communicating a concern about a child’s safety. It is a duty to call the professionals who have the training, authority, and responsibility to investigate children who may have been harmed or are at risk of harm.

HELPFUL TIPS FOR CHILD CARE CAREGIVERS IF YOU SUSPECT ABUSE/MALTREATMENT

- Take the child to a quiet, private place
- Gently encourage the child to give you enough information to evaluate whether abuse/harm may have occurred; ask non-leading questions
- Remain calm so as not to upset the child
- If the child reveals the abuse, reassure him/her that you believe him/her, that he/she is right to tell you, and that he/she is not bad
- Inform the child you are going to talk to persons who can help him/her
- Return the child to their activities (if appropriate)
- Immediately and directly report the information to CAS
- Record all the information and make a note of injuries.

Dealing with child abuse/maltreatment is emotionally difficult for a child care caregiver. It is important for child care caregivers to receive training in recognizing and reporting child abuse/maltreatment. Please refer to the Appendix section of the Guidelines for further “Do’s and Don’t’s When There is a Disclosure.”

WHAT HAPPENS AFTER A REPORT TO CAS IS MADE?

When the Children’s Aid Society receives a report that a child is or may be in need of protection:

- The Intake Eligibility worker and caller review the information being reported.
- The caller is informed that the information will be reviewed for eligibility of service.
- The Intake Eligibility worker reviews the report with a Supervisor to decide whether the report meets “eligibility” for service.
- If the report does not meet eligibility for service, the Society will not investigate the report. In these situations, the Children’s Aid has an obligation to document the report, but there is no action taken on the part of the CAS. In these situations, CAS will acknowledge receipt of the report and the referring persons interest and concern for the child in question. CAS cannot provide any additional information without the written consent of the parent/guardian.
- If the report meets eligibility for service, the Intake Eligibility worker and supervisor determine an appropriate response time for a full child protection investigation.

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- The Children’s Aid has two standard response times. Depending on the seriousness, immediacy and protection needs of the child, the Society can make a determination to commence a child protection investigation within
  (a) 12 hours, or
  (b) 7 days of receipt of the report.
- Typically, if the child has been harmed or is in immediate danger of abuse/harm, the CAS will respond as soon as possible and within 12 hours of the report and will consult with the police, as per the CAS/Police protocol.

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**CAS RESPONSE OPTIONS FLOW CHART**

- **Case does not meet eligibility for services.** CAS documents report and there is no follow up actions.

  - **Moderately Severe Eligibility for Service Rating**
    - Referral meets eligibility for service
    - 7 Day Response
    - Investigation within 7 days
    - 30 days to complete investigation

  - **Extremely Severe Eligibility for Service Rating**
    - Referral meets eligibility for service
    - 12 hour response
    - Intake worker consults with Police
    - Decision on joint investigation is made
    - Wait for directions from CAS

- **Case assigned to Intake worker.** Intake worker contacts police. Police determine if the investigation will be a joint or for CAS to proceed alone. CAS advises child care caregiver with further instruction

- **Case Assigned to Intake Investigator**

  - 30 Days to Complete Investigation, 60 Days is the exception

- **Joint Investigation Worker takes child to Police or local hospital (if required)**

  - **30 Days to complete Investigation, 60 days is the exception**

  - **Case Closed**

  - **Case Transferred for ongoing CAS involvement**

- **Consults with Supervisor. Case coded – Ministry Standard. Response time determined. Investigating plan developed.**

  - **Case does not meet eligibility for services.** CAS documents report and there is no follow up actions.

  - **Moderately Severe Eligibility for Service Rating**
    - Referral meets eligibility for service
    - 7 Day Response
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    - 30 days to complete investigation

  - **Extremely Severe Eligibility for Service Rating**
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  - 30 Days to Complete Investigation, 60 Days is the exception

  - **Joint Investigation Worker takes child to Police or local hospital (if required)**

  - **30 Days to complete Investigation, 60 days is the exception**

  - **Case Closed**

  - **Case Transferred for ongoing CAS involvement**
WHAT INFORMATION CAN YOU EXPECT FROM THE CAS WHEN A CHILD CARE CAREGIVER REPORTS A CHILD IN NEED OF PROTECTION?

• In **serious abuse or high risk situations** where the CAS has determined that an immediate response is required, the CAS may request the assistance of the child care provider/caregiver to:
  (a) Not release the child to the caregiver
  (b) Stay with the child until CAS can attend
  (c) Await further direction from CAS, especially when Police need to be consulted.
  (d) Not to clean, alter, or discard any physical evidence (ie; clothing, diapers, vomit)
  (e) Not to inform the caregivers of CAS involvement
  (f) Provide alternate child care arrangements/options if the child care provider is subject of the investigation

• To facilitate the investigation, the child care caregiver may be asked to provide all relevant information pertaining to the alleged abuse to the Children’s Aid Society of the Region of Peel and/or the Police. This may include notes documenting the disclosure, case notes, daily logs, information about previous allegations regarding the identified child(ren), whether any other person(s) were involved.

• In less severe situations, where the CAS will follow up within 7 days, the CAS worker will acknowledge receipt of the report and inform the reporter that further information can only be shared with the consent of the family.

• In some situations, and based on a number of variables, the child care caregiver may have notified, or wishes to notify the family of the report to CAS. This information should be shared and discussed at the point of referral. Otherwise, it is the responsibility of CAS to notify the parents/child care provider of a child protection investigation.

• It is also the responsibility of the CAS to inform the parents/child care provider of a decision to remove a child from a child care setting for the purposes of a child protection investigation.

• In situations where the caregiver can not be contacted in a reasonable time frame, the CAS worker and child care provider are encouraged to consider and develop a plan to inform the caregiver of a child protection investigation.

NEW CHILD PROTECTION CONCERNS

• Should a child care caregiver have new or ongoing protection concerns about a child that is or has been subject of a previous report to Peel CAS, the child care caregiver should report them directly to the CAS, even if the concerns are similar to the previous report. This is the ‘ongoing’ duty to report.

• Do not assume that the CAS is “investigating” or is “involved” with a child. Any new or ongoing concerns you may have should be reported to the CAS immediately.

• In situations where the child care provider knows the investigating worker or the ongoing CAS social worker, the report should be made directly to the attention of the worker. If the worker is not available, please ask to speak to an on-site social worker who can take your report.

• **Do not leave new child protection concerns on the voice mail of a CAS social worker.**

Child Abuse Indicators

(Excerpted from the APPENDICES of “Working Together to Keep Children Safe: Guidelines for the Identification, Reporting & Investigation of Child Protection Concerns.”)

The following indicators are presented as guidelines only, to assist human service professionals in early recognition and helpful documentation of child abuse. These indicators are not exhaustive. They are intended to serve only as early warning signals.

A child may present any number of the indicators or a given child may not exhibit any of the indicators. Each case will vary. Presence of indicators is not necessarily proof that abuse has occurred.

Child Sexual Abuse Indicators

There are few obvious physical indicators with child sexual abuse. Behavioural indicators are much more common.

Physical Indicators — Sexual

- Sexually transmitted disease
- Pregnancy
- Semen around the mouth or genitalia or on clothing or bedding
- Torn, stained or bloody clothing
- Bruises or bleeding of external genitalia, vagina, anal regions or breasts
- Swollen or red cervix, vulva, perineum, penis or rectum, enlarged vagina
- Loose anal sphincter
- Changes in hymen
- Vaginal or penile infections or odor
- Pain or itching of genitals or anus
- Sitting down or walking is uncomfortable and/or painful
- Pain in throat, difficulty swallowing
- Lack of attention to basic hygiene

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Behavioural Indicators – Sexual

- Reports sexual approach by an adult
- Reports of sexual approach by an adult including aspects, which could corroborate the child’s story. The presence of semen could be indicated by a statement such as, “He almost peed on me.” The child may recount statements the offender made during the abuse.
- Displays unusual interest in sexual matters; indicates sexual knowledge with dolls, draws sexually explicit pictures and/or uses adult sexual terminology
- Resists undressing or being undressed, ie; expresses apprehension or fear of having diaper changed
- Resists medical examination
- Masturbates excessively and/or in public
- Mimics adult seductive behaviour, including dress
- Engages in early intercourse or other sexual activities
- Touches genitals of others
- Expresses fear regarding sexual functioning (ie fear of menstruation)
- Interests in pornography
- Sexual behaviour with animals and/or toys or objects
- Inserts objects into genitals ie; toys, food
- Fear of pregnancy
- Involvement in prostitution
- Reports flashbacks

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**Behavioural Indicators – General**

- Withdrawn, worried, regressive, or preoccupied behaviour, engages in unusual amount of fantasy, focuses on being good
- Sleep disturbance
- Reduced sense of personal space
- Indiscriminate in approaching strangers
- Unexplainable fear or reaction to adult men and/or women generally
- Phobic reactions – develops specific fears
- Psychosomatic pain, i.e.; headaches, stomach aches
- Fear of vomiting
- Expresses suicidal thoughts and/or behaviour
- Self-mutilating behaviour
- Drug or alcohol abuse, including overdoses
- Aggressive behaviour, temper tantrums
- A return to younger, more babyish behaviour
- Difficulty toileting i.e.; constipation, soiling, smearing, defecating in unusual places
- Often misses school, with questionable excuses
- Resists going home and/or runs away
- Resists participating in physical activities
- Presents noticeable mood or personality alterations
- Eating disorders, i.e.; anorexia (absence of appetite or desire to eat), bulimia (binge eating followed by purging), pica (eating of substances other than normal food)
- Evidence of dissociation including features of multiple personality disorder. May look as if “spaced out”. May forget time and place and may present as very different on different occasions. May not be in touch with own physical pain.
- Increased startle reaction and/or increased vigilance
- Restricted range of emotions
- Panic attacks
- Withdrawal from friends and activities.

CHILD PHYSICAL ABUSE INDICATORS

Unlike sexual abuse, physical abuse is more often indicated by obvious signs of physical injuries.

Physical Indicators

Unexplained bruises and welts:
- On the face, lips and mouth, eyes
- On large areas of the torso, back, buttocks or thighs, genitalia
- In clusters, forming regular patterns, or reflective of the article used to inflict them (electrical cord, belt buckle, handprint)
- On several different surface areas (indicating the child has been hit from different directions)
- Appearing as identical marks on both sides of the body
- In various states of healing (i.e. bruises of different colours, or old and new scars together)

Unexplained burns:
- Cigar or cigarette burns, especially on the soles of the feet, palms, back or buttocks
- Scald “burns” due to immersion in hot water, including glove or sock-like distribution
- Doughnut-shaped immersion burns on the buttocks which may also include scald marks on the feet and genitalia
- Patterned or “dry” burns which show a clearly defined mark left by the instrument used to inflict them (i.e. stove element on buttocks, iron on leg)

Unexplained fractures and dislocations:
- Any fractures on a child under two years of age
- On the skull, nose or facial features
- Multiple or spiral fractures
- Swollen or tender limbs
- Dislocation, particularly of shoulders and hips
- Injuries in various stages of healing (indicating they occurred at different times)

Unexplained lacerations and abrasions:
- To the mouth, lips, gums or eyes
- To the external genitalia
- On the backs of the arms, legs or torso

Unexplained abdominal injuries:
- Abdominal bruises and/or abrasions accompanied by the following:
  - swelling of the abdomen
  - localized tenderness
  - constant vomiting

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Human bite marks:
• Especially when they appear adult size or there is a reoccurrence.

Shaking Injuries (more frequently observed in children under two years of age; this may indicate a brain hemorrhage requiring immediate action)
• Blood in the eyes
• Vomiting
• Changing level of consciousness
• Limpness or convulsions (these may indicate a brain hemorrhage requiring immediate action)

Behavioural Indicators

Behavioural indicators may also alert any person to the possibility of physical abuse. The following behaviours may exist independently or in conjunction with physical indicators:
• Wary of physical contact with adults (avoids or shies away from any adult touch)
• Displays extreme behaviour (extreme aggressiveness or extreme withdrawal)
• Fears his/her parents
• Fears going home
• Reports injuries
• Seems anxious to please
• Frequently late or absent from school
• Consistently arrives early to school and stays long after it is time to go home
• Wears clothing to conceal injuries (ie: long sleeves in hot weather)
• Gives unbelievable explanations for injuries or claims no knowledge of the source of the injuries
• Seeks more than average amount of affection from adults
• Exhibits habit disorders (sucking, rocking, biting or eating disorders)
• Frequent accidental ingestion of poisons or medications
• Has lags in emotional and intellectual development
• Role reversal; child tries to take on the parent role
• Quietly watchful in the presence of caretaker
• Avoids activities which require undressing.

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NEGLECT INDICATORS

While physical abuse indicators are often episodic (noticeable after weekends or absences), the following indicators of neglect are more often chronic (ongoing).

Physical Indicators:
- Constant hunger, poor hygiene or inappropriate clothing
- Consistent lack of supervision, especially when engaged in dangerous activities over extended periods of time
- Constant fatigue or listlessness
- Unattended physical problems or medical needs, such as untreated or infected wounds
- Underweight, poor growth pattern, failure to thrive
- Evidence of poor dental care

Behavioural Indicators:
- Begs or steals food
- Constantly falls asleep in class
- Rarely attends school
- Comes to school very early and leaves very late
- Addicted to alcohol or other drugs
- Engages in delinquent acts such as vandalism or theft
- States that there is no one to care for or look after him/her
- Indiscriminately seeks adult attention

RITUAL ABUSE

Sexual abuse, physical abuse, and emotional harm can all occur in the context of ritualistic abuse. Recipients of reports must stay alert to suggestions of the following:

- Ceremonial acts
- Symbols and paraphernalia
- Physical violence to adults, children and animals
- Child(ren)’s talk of murder
- Ingestion of feces, urine
- Sacrificial ceremonies
- Reference to other parents
- References to television characters as real people
- References to mutilation

CHILD ABUSE OFFENDER INDICATORS

Child abuse offenders cannot be clearly categorized according to the types of abuse. Some indicators may be:

- Alcohol or drug abuse
- Marital difficulties
- Relates more readily to children than adults
- Relationship difficulties with adults
- Unusually protective, possessive, or jealous of the child
- Discourages social contact by the child with peers or other adults
- Socially isolated, lonely, lacks identified support systems
- Tends to blame others for life difficulties and disappointments
- Shows immature, impulsive behaviour
- Responds to professionals as hostile and threatening
- Maintains a tightly closed family system
- Maintains control of family members by physical force or by intimidation
- Shows no respect for other's belongings, personal space, bodies, privacy
- May have been physically or sexually abused as a child
- Interest in child pornography
- Clings to child, both physically and emotionally, for comfort
- Appears to woo the child when together as though the child were a potential or actual adult lover
- Encourages the child to engage in sexual acts or behaviour
- May accuse others of inappropriate sexual behaviour with the child
- When confronted with the knowledge that a report of sexual abuse has taken place, may accuse the child of provoking it, try to minimize the seriousness of the situation, or justify it as legitimate sex education.
- Appears unconcerned about the child’s welfare
- Reluctant to seek help for child’s physical or emotional problems
- Minimizes the necessity of seeking immediate medical attention for a child
- Reacts inappropriately to an injury, eg; very upset over a relatively minor injury or unconcerned over a serious one
- Blames the child for the problems
- Offers illogical, unconcerned, contradictory or no explanation of child’s injury
- Routinely uses harsh, unreasonable discipline
- Appearance of chaos in families with very loose boundaries (eg; relatives or strangers in and out of the house a great deal)

DO’S AND DON’TS WHEN THERE IS A DISCLOSURE

A disclosure is when a child indicates or describes possible abuse/maltreatment. If you suspect that a child is being abused, or has been abused, or if a child or adult discloses child abuse, you must report this information directly to a Children’s Aid Society.

It is not your job to try to prove your suspicions. By saying or doing the wrong things, the investigation may be jeopardized or contaminated and may put the child at further risk. The investigation will be done by people who are experts (i.e. the CAS and/or Police).

If you have seen or heard something that makes you suspect child abuse, remember to:

Control Your Emotions

• Try to be calm and relaxed.
• Do not look shocked, disgusted or say mean things about who you think may have abused the child.
• If you feel that you cannot control your feelings, call your supervisor or a trusted friend to talk.

Offer Comfort

Support children by letting them know that:

• They were very brave to tell
• You are glad they are telling you about this
• You are sorry that this has happened to them
• They are not alone – this happens to other children too
• You will do everything you can to help
• You are there to love and support them

Do not say things like:

• “How can you say those things about…?”
• “Liar.”
• “That horrible man has ruined you forever!”
• “How could you let him do those things to you?”
• “Why didn’t you tell me this before?”

Children may “take back” what they have said (recanted). These children continue to need your love and support.
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Be Aware of the Child’s Age and Skills

- Accept the words a child uses (including “slang” words) to describe what happened. Some children do not know the right words for body parts or sexual behaviours.
- Do not correct or change the words the child uses — it is extremely important for the investigation that the child’s words are used when telling what happened.
- Do not use words that may frighten the child, for example rape, incest, child abuse, wife assault or jail.

Ask Questions That Let the Child Tell the Story in His/Her Own Words

- “Can you tell me what happened?”
- “What happened next?”
- “How did you get that bruise?”

Do Not:

- Ask questions that suggest what happened or who did it, for example “Did you get that bruise because mommy hit you with a brush?”
- Question what the child tells you, for example, by asking “Are you sure it was Uncle Ted?”
- Interrupt or add your own words when the child/adult stops talking.
- Ask children “why” something may have happened — many children may think you are blaming them for what happened.
- Try to change the mind of a child who has recanted or changed his/her story.
- Keep on asking questions because you want to prove child abuse.

Respect the Person Who Discloses

- If a child/adult is telling, listen.
- If a child/adult is quiet, do not try to make him/her talk.
- Do not use force to undress a child to see injuries.
- Do not show off the child’s injuries to others.

Tell the Child What Will Happen Next

- Do not make promises you cannot keep, for example, do not agree to keep what the child said a “secret.” It is important to explain to the child that some secrets must be shared in order to get help, or to keep people from being hurt.
- Tell the child the information will be shared only with people who will try to help.
- Answer the child’s questions as simply and honestly as possible.
- Do not make up answers. For example, if a child asks, “Will Daddy have to go to jail now?” you can only say “I don’t know. Other people decide that.”
- Do not tell the child to keep any of your discussions with him/her secret.

(Adapted from Rimer & Prager, Reaching Out: Working Together to Identify and Respond to Child Victims of Abuse, 1998.)

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HEALING MESSAGES FOR CHILDREN

ABOUT THE CAREGIVER/CHILD RELATIONSHIP:
I care about you.
I like you.
I respect you.
I know what happened to you and I am still here.
You are not alone.

ABOUT THE CHILD:
You are lovable.
You are interesting.
You have strengths.
You are a special and a worthwhile person.
You are fun to be with.
You have survived your experiences.

ABOUT THE ABUSE:
It’s not your fault.
Child abuse is never the child’s fault.
Responsibility for the abuse lies with the abuser.
This happens to lots of children, you are not the only one.
People are there to take care of children, not hurt them.

ABOUT FAMILIES:
Adults try to do their best to take care of children.
Adults are supposed to get their needs met with other adults, not with children.
Everyone’s feelings count.

ABOUT INTIMACY AND CLOSENESS:
Not all adults want to hurt children.
Adults can care for children and other adults, and not abuse them.
There is a difference between affection and sex.
You can say “no” or “yes” to touch.
Touching can be a nice thing too.

SECTION: CHILDREN & FAMILIES NEEDING SPECIAL HELP

ABOVE SUSPICION — WORKING PRACTICES THAT RESPECT CHILDREN

It is important to show warmth and affection to children. However, there are sensible precautions that child care providers must take:

- Show affection to all your children in open places where others can see. If you are comfortable with others watching what you are doing with children, there is not likely to be a problem.
- Touch children in safe places on their bodies (e.g. their back, head and shoulders). Avoid touching them on "private" parts (e.g. buttocks, breasts, thighs, groin).
- Be sensitive to how individual children feel about being touched. Ask their permission to touch them—respect their wishes.
- If a child is ill or hurt and needs to be examined, ask someone of the same sex as the child to be in the room where you are examining the child. If possible, leave an examination of private places to health professionals. Never force a child to remove clothing for an examination.
- If a child needs to have a private conversation with you, stay in view of the group or leave the doorajar.

Adapted from Canadian Council on Children and Youth, "Put the Child First Program: A Leadership Training Manual for Leaders and Volunteers."
SECTION: CHILDREN & FAMILIES NEEDING SPECIAL HELP

PHYSICAL, DEVELOPMENTAL & BEHAVIOURAL CONCERNS

Some children in your centre may have physical problems that concern you. You may identify children whose development seems to be delayed. Other children may exhibit behaviours that differ from normal expectations for their age.

What Can You Do:

• Speak with the child’s parents about your concern. This is often difficult to do as parents may become defensive. However, it can be the most important step in helping the child.
• Discuss the variety of resources that are available to assist the children and their families.
• With the parent’s permission, contact the agencies that can assist the child care centre directly.
• Support the family if they need to make contact with an agency or service that will provide support to them.
• Work with the agency and/or the parents to meet the needs of the child within the centre.
• Ensure that all centre staff are aware of the specific strategies to be used with the child.
• A referral to the “Healthy Babies Healthy Children” program may be appropriate (see 10-23 to 10-24).
• See page 10-26 for further information on identifying child development problems early and promoting healthy child development.
• Children 0-18 years of age who have a developmental disability can be referred to the Peel Case Management program for service coordination and case management services (see 10-26).
SECTION: CHILDREN & FAMILIES NEEDING SPECIAL HELP

HEALTHY BABIES HEALTHY CHILDREN


Healthy Babies Healthy Children (HBHC) is a province-wide prevention and early intervention program designed to help families promote healthy child development (prenatal to six years of age) and help their children achieve their full potential. It is a joint initiative of the Ministry of Health and Long-Term Care and the Ministry of Community, Family and Children’s Services.

The Objectives of the Program are:

• To increase access to and use of services for children who are at risk for poor physical, cognitive, communicative and psychosocial development, and their families.
• To increase effective parenting in high-risk families.
• To increase the proportion of high-risk children achieving developmental milestones.

The Program Includes the Following Components:

1. **Universal screening prenatally and at birth** to identify those at risk. Peel hospitals complete an assessment with all mothers after delivery. The results are forwarded (with the mother’s consent) to Peel Public Health’s “Healthy Babies Healthy Children” program. All families receive a telephone assessment, information and referrals to programs and services in Peel.

2. Families that have any risk factors are offered a visit by the public health nurse in their home to do an **in-depth family assessment**. The in-depth assessment helps to determine the level of risk. It also gives the opportunity for recommendations and referrals to be made based on a broad understanding of the family’s strengths and challenges.

3. If, after completing the in-depth assessment the family is determined to be high risk they are referred to the **home visiting program** component of HBHC. The home visiting program is long-term and provides families with support, information and role modeling in order to foster skill development in the many aspects of parenting and accessing resources. The home visiting program is provided by the public health nurse and family visitor. They work together to assist the family in building knowledge and skills to minimize the impact that risk factors have on their children.

4. All families in the HBHC program have a public health nurse who ensures that **HBHC services are coordinated** with others provided to the family. The public health nurse is also available to coordinate services for families receiving multiple services.

5. **A network of service providers** to ensure that ‘at risk’ families have access to the services they need. In the region of Peel this network is “Success by Six in Peel”.

6. An inventory of supports and services for children (0 to six years of age). This is provided through The Peel Information Network (www.pinet.on.ca) **Community Information Database**.
SECTION: CHILDREN & FAMILIES NEEDING SPECIAL HELP

CHILD CARE PROVIDERS REFERRING TO HEALTHY BABIES HEALTHY CHILDREN (HBHC)

When another organization is involved with a family it may be difficult to decide if it is appropriate to refer to HBHC. The following are examples of situations that a referral to HBHC could be considered. To refer a family to HBHC, call Peel Public Health at 905-799-7700.

1. There appears to be other issues affecting the family and an in-depth family assessment by a public health nurse would be helpful but your organization does not offer them.

2. Family is involved with multiple providers/services. Service coordination is required and your agency is unable to provide it.

3. Prenatal or postpartum family is dealing with other stressors (e.g. another child in treatment)
   (a) The public health nurse (PHN) is a source of accurate prenatal, postpartum, newborn care and feeding information
   (b) The PHN can do planning related to the introduction of a newborn into a family already coping with other stressors

In addition, prenatal and postpartum families not experiencing other stressors can be made aware of Peel Public Health as a resource.

4. The family needs more than information to access supports and resources in the community; there is a need for:
   (a) Skill development (e.g. using the bus system)
   (b) Confidence building
   (c) Assistance to see the fit with their needs
   (d) Support and information about effective ways to engage with services
   (e) Advocacy

5. The family has many social/emotional issues and it is uncertain if these require referral directly to treatment service or there is uncertainty about the impact on the child/children.

6. The family needs skill-building in basic parenting but not able to access or engage in group venues.

7. The family is facing issues in addition to those your organization can address:
   (a) Normal parenting strategies or parenting siblings not involved with your service
   (b) Parents with possible mental health issues (e.g. depression)
   (c) Family violence – accessing community resources, recognizing impact on children
   (d) Physical health and nutrition needs

8. Parents seem unable or unwilling to implement suggestions related to parenting and accessing resources, and a long-term connection with HBHC providers may be helpful.

9. The family is not ready to commit to treatment focused referral but willing to see a PHN who can support them and work through perceived barriers to treatment.
SECTION: CHILDREN & FAMILIES NEEDING SPECIAL HELP

IDENTIFYING CHILD DEVELOPMENT PROBLEMS EARLY AND PROMOTING HEALTHY CHILD DEVELOPMENT

Parents often turn to you, their child care provider, with questions about healthy child development. There are tools that can help you give the right answers.

The Nipissing District Developmental Screen™ (NDDS) is a short questionnaire designed for parents and caregivers. The tool provides an easy-to-use method of recording the development and progress of infants and children. It also identifies areas of a child's development that may require early intervention.

When you or a parent want to know how a child is developing simply do the Nipissing District Developmental Screen (sample and order form provided). Follow the “Early ID” flow chart to respond to the results. Finally, encourage parents to use the activities on the screen to encourage healthy development for their child.

Key Message About Child Development

1. **Parental concern has high predictability for problems**
   - listen to parents
   - discuss their child's growth & development often
   - provide parents the tools for monitoring growth and development (NDDS)

2. **Earlier indicators are now recognized (e.g. autism indicators at 12 and 18 months):**
   - respond to concerns when they arise
   - waiting and watching is no longer the correct response
   - refer to HBHC for information & connection to socializing opportunities

3. **Positive parent/child interactions and socializing opportunities can prevent or diminish the need for professional intervention:**
   - provide parents with information about how to positively influence their child's growth and development (e.g. activities on NDDS)
   - encourage parents to participate in play and socializing opportunities for their children (e.g. Early Years Centres)

If you have questions about identifying or managing child development issues, you can contact:

- The Consulting Resource Teacher
- Coordinated Info Peel at 905-890-9432
- Peel Public Health at 905-799-7700

Tools (see plastic sleeve):

- Nipissing District Developmental Screening Tool (NDDS) & order form
- Early ID Flow Chart
- Finding Services for Families
PEEL CASE MANAGEMENT PROGRAM

Peel Case Management provides case management and service coordination for children 0 - 18 years of age who have a developmental disability. The program is designed to enable clients to live at home with their families, where appropriate, by facilitating effective use of local and/or regional community resources.

The program fosters competence, knowledge and independence in individuals who have a developmental disability and their families in order to enable them to effectively manage their needs.

The program provides consultation and support to clients and their families in order to assist them to:

- Identify their needs and develop life plans
- Locate appropriate services that respond to identified needs
- Obtain services required
- Build supportive networks that include a range of formal (funded) and informal services
- Coordinate service delivery and usage
- Participate in community programs
- Monitor and assess the effectiveness of service programs in meeting their needs
- Advocate on behalf of their child
- Involve the child (where appropriate) in decision making
- Independently manage their child’s needs to the best of their ability

Eligibility Criteria:

- The child must have a diagnosed developmental disability (including autism and pervasive developmental disorder)
- May include the presence of single or multiple physical disability ranging from medically uncompromised to severely compromised
- May include dual diagnosis

This is a free service funded by the Ministry of Community and Social Services.

It is provided by Peel Public Health Family Resource Workers experienced in the field of developmental disabilities and community resources.

For help, call the Peel Case Management Program at Health Line Peel: 905-799-7700.
FAMILIES IN CRISIS

Families may share information with you about personal and social problems that they are experiencing. You may want to help them but may not know where to turn.

You Can:

1. Call Peel Public Health at 905-799-7700 or ask the family to call. Public health nurses can discuss the needs of the family and refer them to appropriate resources or supports in the community.

2. Outside the hours of 8:30 a.m. to 4:30 p.m., call Telehealth Ontario at 1-866-797-0000. Or ask the family to call for health information, resources or symptom-related questions.

3. Use the pamphlet “Community Resources for Parents of Young Children” in the plastic sleeve at the end of this section. It outlines a range of health and social service resources in Peel in the areas of assault/abuse, bereavement, child care, counselling, crisis, financial and housing assistance, food banks, hospital and health services, legal services, multicultural services, parenting education support, safety, and special needs services.
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REFERENCES


Thompson, D. and Casey K. Somewhere to Start – A Resource Book for Persons with a Disability and Family Members Living in Peel Region, 1996.

RESOURCES

1. Brampton Caledon Community Living: Tel.: 905-453-8841
   • Provides support to children 0-6 years of age with a delay in two or more areas of development (one being cognitive) who are in a community child care setting
   • Parents, doctors, agencies and therapists may make a referral

2. Caring Network for Challenged Kids: Tel.: 905-896-8133, contact Anna Mancini
   • Offers a monthly support group for parents, organizes social events and distributes a monthly newsletter
   • No fee

3. Child and Adolescent Clinic/Child & Family Clinics and Treatment Programs
   • Credit Valley Hospital (physician referral): Tel.: 905-813-2396
   • Trillium Health Centre (parent referral): Tel.: 905-451-4655 (centralized intake)
   • William Osler Health Centre, Brampton Memorial Campus (parent referral) Tel. 905-453-1160
   • Each hospital/treatment program has different criteria for their mental health services for children and families
   • Services may include individual counselling, group sessions and education
   • Some programs have a specific geographic catchment area
   • Parents should call and discuss their needs and concerns with the intake staff who will provide further direction

4. Community Living Mississauga: Tel.: 905-542-2694
   Preschool Services:
   • Accept referrals for children (two and a half years of age to six years of age) who have a diagnosed minimum six-month developmental delay in two or more areas, one being cognitive
   • Resource teachers act as a resource for centre staff
   • Family, centre staff (with family’s consent) or professionals can refer
SECTION: CHILDREN & FAMILIES NEEDING SPECIAL HELP

5. **Erinoak Client Services Intake Centre**: Tel.: 905-855-3557 or 1-866-764-9606 and follow the automated attendant voice prompts.
   
   **Preschool Support Services**:
   
   - Provide support to children with physical or multiple needs (ages birth to five years of age) in the Region of Peel to help them integrate into community child care centres
   - An early childhood resource consultant consults with child care staff to help them adapt the environment and the curriculum to meet the child's needs
   - Provide special equipment if needed and available
   - A medical referral is needed; physician refers to “intake”

6. **Peel Behavioural Services**: Tel.: 905-848-7279
   
   - Work with developmentally delayed children over two years of age in the Region of Peel who need to learn behaviours necessary to adapt in the community
   - Parents and child care staff can be trained to use behavioural techniques
   - Child care centres can call, consult with staff and make referrals (with family’s consent). Parents can also refer.

7. **Peel Case Management for the Developmentally Handicapped**: Tel.: 905-799-7700
   
   - Assists families of children who have a developmental disability to identify needs, make referrals, coordinate services, apply for funding and advocate on behalf of their child
   - Families may self-refer

8. **Peel Children's Aid Society**
   (Brampton and Caledon) Tel.: 905-796-2121
   (Mississauga) Tel.: 905-275-7444

9. **Peel Children’s Centre**: Tel.: 905-451-4655 (centralized intake)
   
   **Preschool Services**:
   
   - Provide service to preschool children (18 months to six years of age) who demonstrate difficulty related to their social, emotional, behavioural or general development or communication
   - Children must be attending a licensed child care centre in the Region of Peel (or can be on a waiting list to attend)
   - Services are provided in the child care centre, child's home or agency office and include developmental screening, assessment, consultation, counselling, training and referrals to other community services
   - Parents or child care staff (with parental consent) can make the referral

**Mobile Crisis Services for Peel Region Tel. 416-410-8615**

- Mobile crisis services and telephone support for parents and children, birth to 18 years of age, who have witnessed traumatic events or are displaying destructive (or other negative) behaviours, or are experiencing grief reactions
- Parents or child care staff (with parental consent) can make the referral
- 24-hour access to a crisis worker
10. **Peel Information Network** ([www.pinnet.on.ca](http://www.pinnet.on.ca)) provides a community information database which is an inventory of supports and services for Peel.

11. **Peel Infant Development: Tel.: 905-564-7485**
   - Provides services to children from birth to age 5-6, (age based on an individual basis) who have a developmental delay or a risk of a delay and their families
   - Consults with child care centre staff by phone regarding their concerns about children in their centre
   - Provides assessment and individual service with parents for their children
   - Parents or child care staff (with parental consent) can make the referral

12. A resource book for persons with a disability and family members living in Peel Region, called *Somewhere to Start*, is available from Donna Thompson at 905-820-7380 (June 2003).
DENTAL, HEARING, VISION, SPEECH AND LANGUAGE

Child care providers play an important role in identifying potential problems in children and advising the parent/guardian to seek professional services. Early identification and followup enables the children to reach their potential. This section provides guidelines to child care providers on the identification of potential problems with dental health, vision, hearing, speech and language.

DENTAL HEALTH

As an early childhood caregiver you are in a unique position to provide the guidance and motivation that is necessary to help preschoolers establish effective dental health habits that will benefit them throughout their lives. You can also play an important role in directing parents/guardians to programs and services provided by Peel Public Health.

EARLY CHILDHOOD TOOTH DECAY

Early childhood tooth decay is a specific dental problem, often occurring prior to the age of five. It is the rapid decay of primary (baby) teeth typically caused by repeated exposure to sweetened liquids. Tooth decay can lead to pain, poor eating habits, speech problems, pain and infection, early loss of baby teeth, as well as costly dental treatment.

To help keep early childhood tooth decay from affecting children, Peel Public Health encourages caregivers to follow these tips:

- Avoid dipping a pacifier in honey or anything sweet.
- Do not let the child take a bottle to bed. If you must, give water only.
- Offer juice from a cup, not a bottle, when the child can sit.
- Quench the child’s thirst with water.
- Clean the child’s mouth and teeth with a clean washcloth or small toothbrush after every feeding.
- Use a pea-sized amount of fluoride toothpaste on the toothbrush after the child’s third birthday.
- Lift the child's lip monthly to look for white chalky or dark brown spots. These signs might be the start of tooth decay.
- Give the child healthy foods and snacks.
- Follow “Canada’s Food Guide to Healthy Eating,” including foods from all of the four food groups.
- Ensure your child has a regular dental checkup.
SECTION: DENTAL, HEARING, VISION, SPEECH AND LANGUAGE

TOOTHBRUSHING

Suggested steps to follow if your centre has a toothbrushing program:

• Use small child-sized toothbrushes.
• Fluoridated toothpaste is not recommended until age three. Children three years of age and older should use only a pea-sized amount of toothpaste.
• Rinse all toothbrushes thoroughly after brushing.
• Store toothbrushes so that they can dry; make sure the toothbrushes don't touch each other.
• Label each child's toothbrush and check that each child only uses his/her assigned toothbrush.
• Sanitize sink area after toothbrushing is completed.
• Store toothbrushes out of the children's reach.
• Replace old worn toothbrushes when necessary (usually every three to six months).

For information on dental health resources, please refer to the “resources list” at the end of this section.

DENTAL EMERGENCY PROCEDURES

The following dental emergency procedures are recommended by Peel Public Health:

<table>
<thead>
<tr>
<th>Type of Injury</th>
<th>First Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toothache</td>
<td>• Rinse the mouth vigorously with warm water to clean out food debris. If swelling is present, place cold compresses to the outside of the cheek (do not use heat). Do not place aspirin on gum tissue or aching tooth.</td>
</tr>
<tr>
<td>Knocked Out Tooth</td>
<td>• Place tooth in milk or wrap in clean wet cloth. Do not clean tooth. Take the individual and tooth to the dentist immediately.</td>
</tr>
<tr>
<td>Broken Tooth</td>
<td>• Try to clean dirt or debris from injured area with warm water. Place cold compresses on face next to injured tooth to minimize swelling. Take the individual to the dentist immediately.</td>
</tr>
<tr>
<td>Bitten Tongue or Lip</td>
<td>• Apply direct pressure to bleeding area with a sterile or clean cloth. If swelling is present, apply cold compresses. If bleeding doesn't stop readily or the bite is severe, take the individual to the hospital emergency room.</td>
</tr>
<tr>
<td>Possible Fractured Jaw</td>
<td>• If suspected, immobilize jaw by any means (handkerchief, cravat, towel) and take the individual to the hospital emergency room.</td>
</tr>
</tbody>
</table>
SECTION: DENTAL, HEARING, VISION, SPEECH AND LANGUAGE

FLUORIDE

Fluoridation of the water supply is the most effective, cost efficient means of preventing dental caries. Wide availability of fluoride sources (fluoridated water, foods or drinks made with fluoridated water, toothpaste, mouthwashes, vitamins and fluoride supplements) has led to an increasing incidence of very mild and mild forms of dental fluorosis in both fluoridated and non-fluoridated communities. The effect of dental fluorosis is cosmetic only, ranging from white striations or specks to areas of pitting or brown-gray staining. The teeth remain resistant to caries and there are no known associated health risks.

This sign of excess fluoride intake has led to modifications in fluoride recommendations; Fluoride supplements are no longer recommended from birth, and doses have been decreased during the first six years of life.

Our best advice is to have an assessment conducted by your family dentist. In extreme cases, one would consider a specific daily dose supplement for the child. This would be dependent on the decay susceptibility, the home brushing oral hygiene habits, the age and weight of the child and other factors.

If your community water supply is not fluoridated, it is best to consult with your family dentist if you have any concerns or wish to consider placing your children on fluoride supplements.

As more information becomes available from monitoring trends in dental fluorosis, the optimal timing and dose of fluoride supplements needed to prevent dental caries and avoid dental fluorosis may require further revision. It should be noted that "ready-to-serve" infant formulas in Canada are not fortified with fluoride.

Please refer to the “Food And Drinking Water Safety” section of the manual for information on water testing.
HEARING

The Infant Hearing Program and Newborn Screening

The Infant Hearing Program (IHP), an initiative of the Ministry of Health and Long-Term Care identifies and provides supports to families who have a child born deaf, hard of hearing or at risk for developing a hearing loss in early childhood. This service is provided to all Ontario children from birth to four months of age at no charge. Ontario children four to 24 months are eligible to receive the service once they are identified with specific risk indicators. Screening is done in hospital and community clinics. For more information, parents can call: Erinoak — Client Services Intake Centre at 905-855-3557 or 1-866-764-9606 and follow the automated attendant voice prompts.

Infant Hearing

It is important for parents to know if their baby can hear. Babies are screened in the hospital before they go home. A very small earphone is placed in the baby’s ear and soft sounds are played through it. The ear’s response to these sounds is measured and recorded. The entire screening takes just a few minutes and will give the results right away.

Screening Result is Either Pass or Refer

If a baby has passed the newborn screening:

Most babies will receive a pass result, which means their hearing is fine at that time. In a very small number of babies that pass the screening, a hearing loss may develop at a later age. It is important to watch for signs of hearing loss as a baby grows.

If a baby has a refer result from the first hearing screening:

When the screening result is refer, a baby will need a second screening. Most babies who receive a refer result have perfectly normal hearing. A slight cold or stuffiness, earwax, other debris in the ear, or even noise in the room are the most likely cause for the refer result. All babies with a refer result must have a second screening with a different machine. If the baby needs another screening, an appointment is made for the parent in the community. Parents need to ensure they keep the appointment.

Why is Early Hearing Screening Important?

Screening is the first step in finding babies who are deaf or hard of hearing. There are many services in place to help these infants. The earlier they are identified, the more time there is to take advantage of these services. With support, children who are deaf or hard of hearing will grow up learning language and communicating just as children who hear.

If a baby did not receive a screening in hospital, the parent(s) can ask for it to be done in one of the community clinics. Call Erinoak – Client Services Intake Centre at 905-855-3557 or 1-866-764-9606 and follow the automated attendant voice prompts.

Adapted from After Your Baby Is Born, Peel Public Health, 2002
Signs of Potential Problems

Many adults assume children simply do not listen to them. They think children develop a pattern of "selective hearing", only hearing what they want to hear. Sometimes this kind of behaviour is due to a mild hearing loss. If undetected and untreated, a hearing problem may cause other problems in the child’s speech and behaviour.

Colds or excess wax in the ear also can cause a mild hearing loss. Hearing usually improves when the cold disappears or the doctor removes the wax. If there is no improvement, the child needs further treatment or assessment.

To identify a potential hearing problem in a young child consult this checklist. Further assessment is necessary if the child experiences any of the following:

- Early babbling stops
- Not startling to intense sounds
- Has a speech delay or slow response to usual sounds
- Repeatedly does not respond when called
- Consistently talking loud
- Not aware someone who is out-of-view is talking
- Using “what” or “huh” frequently
- Intently watching the faces of speakers
- Persistently withdraws from the other children and is moody
- Does not participate and/or concentrate during activities based on speech (e.g. story time, show-and-tell), especially if the child is not directly facing the speaker
- Frequently asks for repetition of words or sentences
- Has an unexplained personality change, especially during a cold or following an ear infection
- Always wants the radio, TV, or record player on a high volume
- Pulls at their ear(s) or consistently turns or holds head to one side
- Repeatedly gives wrong answers to simple questions

The single most important sign of possible hearing loss is a lack of, or delayed development of speech and language. If there are concerns, or information is needed, advise the parent(s) to contact their family doctor for a referral to an audiologist. No child is too young for a hearing test.

VISION

Early identification and treatment of children\'s vision problems is essential to their normal development and ensures they will continue to learn properly. The Canadian Paediatric Society (2003) recommends vision testing from the age of three. Any child with visual acuity less than 20/30 should be referred to an ophthalmologist. From age six, vision should be tested every two years. (adapted from www.caringforkids.cps.ca).

To identify a potential vision problem in a young child consult this checklist. Further assessment is necessary if the child experiences any of the following:

- Eyes that cross, turn in or out, move independently
- Constant jiggling or moving eyes from side-to-side
- Excessive blinking, squinting or eye rubbing
- Excessive tearing (e.g. watery eyes) or redness of the eyes
- Turns or tilts head to use only one eye to look at things
- Poor eye-hand coordination for their age
- Consistently holds toys and books close to eyes, or avoids tasks with small objects or pictures
- Needs to sit close to the television to see properly
- Complains of headaches, nausea, dizziness, blurred or double vision
- Eyes that itch or burn; sensitive to bright light and sun
- Bumping into things, tripping, and clumsiness

If there are any concerns about a child\'s vision, advise the parent(s) to arrange for a vision test immediately with the family doctor or an optometrist.

EYE SAFETY

To protect children\'s vision, follow these precautions:

- Store chemicals (e.g. cleaning products) out of reach of children
- Encourage children to wear hats with visors and sunglasses in sunlight
- Know what to do to prevent permanent damage if a child gets hit in the eye or gets a foreign object in the eye, such as sand or dirt
- Recognize symptoms of an eye infection (e.g. Pinkeye) and ask the parent(s) to take the child to the doctor for treatment
- Don\'t allow children to play with pea shooters, sling shots, or fire crackers

SPEECH AND LANGUAGE

Delays in learning language are among the most common concerns in young children. About 10 percent of preschool children have difficulty understanding or talking. Children do vary in their development of speech and language skills. However, there is a natural progression of these skills and milestones that serve as a guide to normal development. It is important to recognize deviations from normal speech patterns so intervention can begin early.

The following communication checklist indicates expected hearing and communication skills for children from birth to age five. This checklist will help you to determine if a child’s communication skills are developing on schedule. Discuss any speech and language concerns with the child’s parent(s) and suggest an assessment be done by a speech-language pathologist. Early identification is important!

COMMUNICATION CHECKLIST

If the answer to any of the following is no, a referral to a speech-language pathologist is indicated.

AS AN INFANT:

By 6 months: *Does the infant......*

- Watch your face when you talk? □ □
- Make sounds back when you talk? □ □
- Babble (e.g. “baba”, “gaga”) and laugh? □ □
- Smile at his/her caregiver and other family members? □ □

By 9 months: *Does the infant......*

- Respond to his or her name (smile, look or stop activity)? □ □
- Respond to “no” most of the time? □ □
- Smile and laugh while looking at you? □ □
- Reach for things he/she wants? □ □
- Use noises/sounds to get attention and help? □ □

By 12 months: *Does the infant......*

- Wave when you say “hi” or “bye”? □ □
- Follow simple directions with gestures (e.g. “give me” with an open hand)? □ □
- Point with finger to request or show you things that interest him? □ □
- Play social games like peekaboo? □ □
- Use lots of sounds and maybe some words? □ □
### SECTION: DENTAL, HEARING, VISION, SPEECH AND LANGUAGE

**AS A TODDLER:**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By 15 months:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the toddler......</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand “no” and shake his/her head?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Identify 3 body parts (e.g. show me your eyes/ears/nose/hair)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reach or point to something he/she wants while making sounds or using a word approximation?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Try to copy words that he/she hears?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use some words like “mama, dadda, bottle, bye-bye, oh-oh”?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td><strong>By 18 months:</strong></td>
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<tr>
<td>Does the toddler......</td>
<td></td>
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</tr>
<tr>
<td>Understand the name of common objects (e.g. “car” or “ball”)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Look for familiar items that are not in sight (e.g. ‘go get your hat’)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Answer simple questions (e.g. “What’s this”)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use 20 - 30 meaningful words?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Make more than 5 sounds like “p, b, m, t, d, n, h”?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Play by pretending to feed a doll or stuffed animal?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td><strong>By 21 months:</strong></td>
<td></td>
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<tr>
<td>Does the toddler......</td>
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<td></td>
</tr>
<tr>
<td>Point to pictures in a book when asked?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use at least 50 words and say some 2-word combinations (e.g. “more juice”)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use words more than gestures?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Take turns “talking” in conversation?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Combine actions in pretend play (e.g. pours and feeds)?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td><strong>By 24 months:</strong></td>
<td></td>
<td></td>
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<tr>
<td>Does the toddler......</td>
<td></td>
<td></td>
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<tr>
<td>Follow 2 step directions (e.g. “pick up the ball and roll it to me”)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Listen to simple stories and label pictures in a book?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use over 100 words (pronunciation isn’t perfect)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use many 2 word and some 3 word combinations?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use at least 10 consonant sounds (“p, b, m, t, d, n, l, k, g, h, w, y”)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use speech that is understood 50 - 70% of the time by parents?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
SECTION: DENTAL, HEARING, VISION, SPEECH AND LANGUAGE

AS A PRESCHOOLER:

By 30 months:

Does the child......

- Understand some location words (in, on, under, on, off)?  
- Answer yes/no questions?
- Use more words than you can count?
- Use 3 and 4 word combinations?
- Ask yes/no questions?
- Use some pronouns (e.g. “I, you, me”)?

By 36 months:

Does the child......

- Identify object categories (e.g. “show me animals?, show me food?”)?
- Understand what objects are used for (e.g. “what do you use for drinking?”)?
- Understand concepts like fast/slow, wet/dry, clean/dirty, empty/full?
- Speak in short sentences?
- Use pronouns “I, me, my, you, your, he, she”?
- Use describing words like “in, on, under, big, little, same”?

By 3 years:

Does the child......

- Understand concepts like fast/slow, wet/dry, clean/dirty, empty/full?
- Ask simple questions (e.g. “what? where? why?”)?
- Speak in short sentences?
- Talk about past events?
- Begin to use “is” and “are”?
- Use pronouns “I, me, my, you, your, he, she”?
- Use describing words like “in, on, under, big, little, same”?
- Use speech that is understood 75% of the time by parents?

By 4 years:

Does the child......

- Listen to simple stories?
- Use sentences of 4 to 6 words?
- Tell about things they have done?
- Pronounce words that are understood more than 75% of the time by unfamiliar people?
- Understand and use words like “under”, “in front”?
SECTION: DENTAL, HEARING, VISION, SPEECH AND LANGUAGE

AS A PRESCHOOLER:

By 5 years:  

*Does the child......*

- Use sentences that sound almost like an adult?  
  - YES  
  - NO
- Follow three-step directions that are related (e.g. get your crayons, make a picture and put it on the fridge)?  
  - YES  
  - NO
- Say most speech sounds accurately?  
  - YES  
  - NO
- Use and understand words like “behind”, “beside”?  
  - YES  
  - NO
- Show an interest in reading?  
  - YES  
  - NO

REFER A CHILD IF:.................

- Parents have concerns regarding speech, language, and/or hearing development.
- Speech and language skills have not improved over the past six months.
- Voice sounds different to you (e.g. hoarse).
- Sounds and/or words are repeated often.
- Child acts frustrated when trying to talk (especially after 2 years of age).
- Play or social interaction seems inappropriate.
- A high-risk history or diagnosis such as cleft lip/palate, hearing loss, PDD/autism, or developmental delay exists, and the child is not receiving services already.

Communication Checklist adapted from:  
SECTION: DENTAL, HEARING, VISION, SPEECH AND LANGUAGE

RESOURCES

1. Dental

**Children in Need of Treatment Program (CINOT)**

The CINOT program provides dental care to children in Grade eight and under who have dental conditions that require urgent care.

To qualify:

- The cost of dental treatment would create a significant financial hardship for the parents/guardians. In addition, the child must not be covered through any form of dental insurance.
- The child must be screened by Region of Peel dental staff to determine if they are eligible for the CINOT program. To determine eligibility, children can visit one of Peel Public Health’s dental clinics for a free dental screening.
- Dental screening at selected childcare centres may also be arranged during summer months.
- For more information, or to book an appointment for a dental screening at one of the district clinics, call Peel Public Health at 905-799-7700.

**Dental Education Consultation**

Dental educators will provide consultation services and resource information to childcare providers who would like to deliver dental health messages. They will also deliver adult presentations at the request of community groups. Presentations include information on early childhood tooth decay, brushing and flossing techniques, nutrition, and accident/injury prevention as the topic relates to the mouth. For more information, call Peel Public Health at 905-799-7700.

**Dentists Referral Network**

Peel Public Health has a roster of community dentists, including information such as location, new patient uptake, languages spoken, special needs details, etc. Call Peel Public Health at 905-799-7700 for a list of dentists who will suit your needs.

**Videos and CDs**

If you are interested in the following materials, call Peel Public Health at 905-799-7700.

**Preventing Tooth Decay: Infants and Toddlers:**

- Video includes information regarding infant feeding and mouth care during the time the baby-teeth are erupting and feeding habits are developed.
- Provides information on the importance of healthy baby teeth in a child’s overall health and well-being.
- Developed to reach parents from a range of cultural backgrounds.
- Also available in Chinese, Punjabi and Vietnamese.

**2 for 2 is What You Do Song and Lyrics:**

- A short song on CD targeted to children from preschool to Grade three.
- Description: song about the “2 for 2 is what you do” message: e.g. brush your teeth two times each day for two minutes each time.
- A copy of the written lyrics is also available.
### Dental Outreach Services:

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
<th>Telephone Number</th>
<th>Service &amp; Cost</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Canadian Academy of Dental Hygiene</strong></td>
<td>905-896-2234</td>
<td>- Cleanings: (approx.) - Children: $15</td>
<td>All year</td>
</tr>
<tr>
<td>165 Dundas St. West 3rd Fl. Mississauga</td>
<td></td>
<td>Adults: $10-$30</td>
<td></td>
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<td></td>
<td></td>
<td>- X-rays: $7-$25</td>
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<tr>
<td></td>
<td></td>
<td>- Pit and fissure sealants (coating on teeth to prevent cavities) - $5/sealant</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>($20 max.)</td>
<td></td>
</tr>
<tr>
<td><strong>University of Toronto</strong></td>
<td>416-979-4927</td>
<td>- Orthodontics</td>
<td>No appointments in summer</td>
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<tr>
<td>101 Elm St. Toronto</td>
<td></td>
<td>- Braces</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Retainers approximately 1/3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Fillings of cost.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Crowns</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Cleanings</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Wisdom teeth</td>
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<tr>
<td><strong>George Brown</strong></td>
<td>416-415-4547</td>
<td>- Cleanings:</td>
<td></td>
</tr>
<tr>
<td>175 Kendal Ave. Toronto</td>
<td></td>
<td>Three to eight years of age: $5</td>
<td>Cleanings: September - May</td>
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<td>Nine to 17 years of age: $15</td>
<td>Fillings: January and February</td>
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<td>Adult: $30</td>
<td>Dentures: September - April</td>
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<tr>
<td></td>
<td></td>
<td>- X-rays - $8 to $20</td>
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<td></td>
<td></td>
<td>- Fillings - $20 (under review)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Dentures - upper: $30</td>
<td></td>
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<td></td>
<td></td>
<td>- lower: $30</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Partial dentures - $40</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital for Sick Children</strong></td>
<td>416-813-1500</td>
<td>Similar to regular dentist fees (e.g. follows Ontario Dental Association</td>
<td>Ages:</td>
</tr>
<tr>
<td>555 University Ave. Toronto</td>
<td></td>
<td>(ODA) fee guide, pediatric)</td>
<td>All children up to four years</td>
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<td>of age or</td>
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<td>Medically</td>
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<td>compromised</td>
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<td>children</td>
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<td></td>
<td></td>
<td></td>
<td>By referral only</td>
</tr>
</tbody>
</table>
SECTIONS: DENTAL, HEARING, VISION, SPEECH AND LANGUAGE

Websites:

- “2 for 2” website by the Ontario Association of Public Health Dentistry. Includes the following health promotion materials:
  - Campaign statement
  - “2 for 2” song and lyrics
  - Teacher resources
  - Tips for parents
    www.oaphd.on.ca/2for2/2for2.htm
- “Teacher’s Reference Manual of Dental Health” by the Ontario Association of Public Health Dentistry. Includes the following:
  - Oral anatomy
  - Tooth decay
  - Periodontal (gum) disease
  - Dental nutrition
  - Prevention of dental disease
  - Personal safety & injury prevention
    www.oaphd.on.ca
- “Health Promotion Publications” by the Nova Scotia Department of Health. Includes a number of fact sheets and dental activity sheets for children.
  www.gov.ns.ca/health/publichealth/content/dental.htm
- “Healthy Teeth Oral Health Education Database” by the Nova Scotia Dental Association. Includes the following:
  - Cavities
  - Prevention
  - Experiments & activities
  - No butts about it
  - Braces
  - Teeth & gums
  - A visit to the dentist
    www.healthyteeth.org/index.html
SECTION: DENTAL, HEARING, VISION, SPEECH AND LANGUAGE

- “Smile City” by the Canadian Dental Hygienists Association. Includes the following:
  - Interactive games
  - Tooth tips
  - Colouring sheets
  - Resources for parents and teachers
    www.cdha.ca/smilecity/index.asp

2. Hearing/Vision
- Health Line Peel: 905-799-7700
- Brampton Audiology
  Industrial Hearing, Screening and Consultation
  36 Vodden St. E.
  Brampton, ON L6V 4H4
  Tel.: 905-874-1170
- Look Hear Co.
  Hearing and Vision Screening Services
  Tel.: 905-824-2588

Any child in a school setting is eligible to receive the hearing/vision screening as long as the child is at least three years of age, and the parent or guardian has given consent. There is a nominal fee to cover costs. Services provided onsite in a day care centre include: play audiometry, tympanometry, distance vision, eye muscle balance, colour vision (for children six years and older or by request).

- Ontario Optometrists Association
  Call 416-256-4411 for the optometrist nearest you.

3. Speech and Language
- ERINOAK
  Halton-Peel Preschool Speech and Language Program
  2695 North Sheridan Way, Suite 120
  Mississauga, ON L5L 2M5
  www.erinoak.org/preschoolspeech

  Client Services Intake Centre 905-855-3557 or 1-866-764-9606
  Halton Region Access Line: 905-693-4242

The Halton-Peel Preschool Speech and Language Program is a provincially funded program providing services free of charge. Preschool children from birth to senior kindergarten (SK) age who have communication delays and disorders are eligible to receive services. Services include assessments, parent education and support, speech and language interventions, consultation to agencies as well as public awareness with a focus on prevention, early identification and early intervention.

Parents can make a referral directly by calling the intake line in their area of residence. A medical referral is not required.
SECTION: DENTAL, HEARING, VISION, SPEECH AND LANGUAGE

- The Ontario Association of Speech Language Pathologists and Audiologists (OSLA)
  410 Jarvis Street
  Toronto, ON M4Y 2G8
  www.osla.on.ca

  Private Practice Referral Line: 416-920-0361
  General Telephone Line: 416-920-3676

Provides professional and consumer information. Offers listings for private practice audiologists and speech-language pathologists.

4. Translation and Interpretive Services

If parents or child caregivers need help to translate information, please refer to the following agencies.

  Brampton Neighbourhood Resource Centre
  50 Kennedy Road South, Unit 24
  Brampton, ON L6W 3R7
  Tel.: (905) 452-1262

  The Dixie Bloor Neighbourhood Centre
  3439 Fieldgate Drive
  Mississauga, ON L4X 2J4
  Tel.: (905) 629-1873

  Malton Neighbourhood Services
  7200 Goreway Drive
  Mississauga, ON L4T 2T7
  Tel.: (905) 677-6270

  Metro Legal Translation Services
  Tel: 416-673-1200
  (An accredited agency providing translation services in Punjabi and Hindi only. Fee for service is approximately $40 per written document. Telephone translation depends on the time needed, please call for fees.)
SECTION: RISK MANAGEMENT

SCREENING VOLUNTEERS AND EMPLOYEES PROVIDING DIRECT SERVICE TO VULNERABLE INDIVIDUALS

In 1995, the Ontario Ministry of Community and Social Services (the Ministry or MCSS) issued a policy directive to all of its licensed and funded agencies regarding the screening of volunteers and employees providing direct service to, or in direct contact with, vulnerable clients.

The directive requires that criminal reference checks be conducted on agency volunteers and employees, engaged or hired after March 1, 1995, as either full- or part-time employees or as volunteers, when these individuals provide direct services to children or vulnerable adults, in the course of which they have unsupervised access to these clients.

The directive identifies all children as vulnerable clients, and defines vulnerable adults as those who, for a range of reasons, may have difficulty ensuring their own safety and protection. Those reasons may include (but are not limited to) the following:

1. The presence of a physical, developmental, or psychiatric disability
2. The presence of alcohol or substance abuse
3. The presence of emotional dysfunction requiring treatment or support
4. The need for support and services as a result of being a victim of assault or sexual assault

LEGISLATION

Ontario Human Rights Code
SECTION: RISK MANAGEMENT

PREVENTING HARM THROUGH EFFECTIVE SCREENING

Voluntary, private and public sector organizations that provide services to vulnerable clients must do everything they reasonably can to provide adequate, appropriate, safe, and well-managed programs. They have moral, ethical, and legal obligations to exercise reasonable care to protect the individuals in their care, as well as their staff, the community-at-large, and the organization.

Since these programs and services are delivered by people, one way an organization can fulfill its obligation is through the proper and thorough screening of applicants.

Screening Individuals Providing Direct Service to Vulnerable People

An organization that offers services or programs to clients is responsible for the work that is done in its name. If the clients of the agency are vulnerable, the agency’s level of responsibility increases. Agencies must consider closely and carefully their choice of individuals who will provide services to clients, independent of whether those individuals are volunteers, co-op students, individuals completing other kinds of unpaid community service placements, or paid employees.

Agencies must first establish that an individual is competent to complete the assignments or perform the work they may be hired to do. Then, they must also do everything reasonable to ensure the individual will bring no harm to clients, other members of the staff, to the agency, and vice versa — that the staff member will not be harmed either. Screening staff is a reasonable and important aspect of good program management. When the clients of a program or service are vulnerable, or when services are provided off-site, intensive and thorough screening of staff becomes imperative. This is especially important when staff members are often, sometimes, or always unsupervised.

Screening

Screening refers to the various procedures that may be used by an agency to evaluate and make judgements about the suitability of an applicant (staff or volunteer) to be hired, engaged, or continue to work for them. "Screening" does not equal "police records check." A police records check is one form of screening, and only one element of a screening process. Screening denotes the entire process, beginning before someone is hired or engaged, and continuing while the individual performs services or work for the agency.

Sample Screening Procedures

1. Good Position Design and Descriptions:

Well-designed positions and complete position descriptions, including all of the categories of information outlined below, act as an initial screening device. Some individuals may screen themselves out when they see how serious your agency is about its staff members:

- Title of position
- Client group, level of direct service
SECTION: RISK MANAGEMENT

- Purpose of position/goals of position activities
- Outline of responsibilities/activities of position/duties
- Skills, experience, competencies needed
- What the staff person will gain from this experience
- Support and supervision, reporting mechanisms, accountability measures
- Screening measures (before and after acceptance/hiring)
- Mandatory orientation and training
- Time commitment/location/reimbursement for out-of-pocket expenses, etc.

2. Recruitment Activities:

Be careful about how you recruit, especially for positions of trust with vulnerable clients. Ensure that your recruitment materials outline clearly that the agency takes its responsibilities for clients seriously, and screens all applicants thoroughly. Again, it is only fair to be clear. Some people may screen themselves out at this point.

3. Application Forms:

Application forms must conform to the provisions of the Ontario Human Rights Code, and many questions cannot be asked on general application forms as a result. Application forms for specific positions can be more detailed, as long as what is asked about is essential to the duties of the job. For example, you should not ask whether someone can lift heavy objects, unless it is an essential duty of the job for which they are applying.

4. Interview(s):

One or more interviews with an applicant may be warranted. Interviewers should be trained and have a specific format and/or specific questions to ask applicants. Depending on the level of risk in the position applied for, a second interview may be in order; involving different staff members.

5. Orientation and Training Sessions:

Make these mandatory. It will give you an opportunity to share information, manuals, handbooks, and to answer questions. It also gives you and other staff members an opportunity to observe applicants in different settings, and interact with people.

6. Reference Checks:

Reference checks are a valuable screening tool. Don’t assume applicants will only give the names of people who will recommend them. You may wish to ask for business, education, and previous volunteer references, as well as personal references, depending upon the position applied for. Have the applicant sign a waiver allowing you to conduct the reference checks. If letters of reference are not returned, do not allow the person to begin employment until completed, or make employment conditional on the receipt and outcome of the references. Ask "would you engage this person again?" of previous employee and volunteer references.
SECTION: RISK MANAGEMENT

7. Police Records Checks:
Given the intrusiveness and potential cost of conducting a police records check, it should only be required at the final stages of application, when you are seriously considering engaging someone.

Ongoing Screening Procedures

1. Probation Period:
Build in a precise probation period during which the staff member knows they will be carefully supervised and evaluated. The riskier the position, the closer the supervision.

2. Buddy System:
Have a buddy system for staff members. Pair a new staff member with someone who has been with the agency for some time. Identify some activities that new staff must participate in with their buddies.

3. Regular Supervision/Periodic Evaluation:
All staff members should be regularly supervised, and periodically evaluated. This will ensure that staff members and clients are satisfied with the work being done.

Note: You will likely not uncover individuals who will harm clients through the screening measures that you put into place. It is much more likely they will screen themselves out when they see how serious your agency is about screening and how vigilant you are about protecting those in your care. This is not a failure of your system; it is a measure of success.

CREATING AND/ OR ORGANIZING POLICIES FOR YOUR CHILD CARE CENTRE

What should be done?
• Write screening policies and procedures
• Make sure your policies and procedures are implemented
• Review and revise policies and procedures regularly

Who should be involved in writing the policies and procedures?
• Child care management
• All staff affected in your facility should have the opportunity for input
SECTION: RISK MANAGEMENT

How do we go about it?

1. Review any existing agency screening policies and procedures, asking the following questions:
   - What processes must be established in order for these policies to be implemented?
   - What resources (information, materials) are necessary in order that the policies can be carried out?
   - How will the policies and procedures be communicated to staff, clients, prospective staff and to the community at large?
   - What documentation is necessary, useful and appropriate to the communication of policies and procedures?
   - What processes should be established related to reporting, enforcement, review, and revision of policies and procedures?

2. Determine and develop the appropriate systems, processes, equipment, resources and documentation needed to support these policies and procedures. These can take the form of:
   - Equipment (locking file cabinets, a secure room)
   - Documentation (job descriptions, application forms, orientation manuals, policy and procedure manuals)
   - Processes, including schedules for review of policies and procedures
   - Destruction of confidential information
   - Clearly defined and articulated reporting procedures
   - Specific lines of accountability

THE LAST WORD

After doing all of this work to develop appropriate and thorough policies and procedures, ensure they are implemented and carried out by putting the necessary resources into the administrative and management ‘systems’ that will support them. At the end of the day, your policies and procedures are what you do, not what you say you do.
RESOURCES

1. Agencies and individuals requiring further information should contact:
   
   Canadian Association of Volunteer Bureaux and Centres
   180 Argyle St. Ste. 326
   Ottawa, ON K2P 1B7
   Telephone: 1-800-670-0401 or (613) 236-7222
   Fax: (613) 236-6797


3. Sample “placement description contract” adapted from the Peel Public Health Volunteer Program (see Appendix #1).
SAMPLE PLACEMENT DESCRIPTION CONTRACT

CHILD CARE CENTRE: (NAME AND ADDRESS)

VOLUNTEER POSITION: ________________

(E.C.E.) STUDENT NAME: ________________

ADDRESS: ____________________________ PHONE NUMBER: ________________ EXT:_________

PROGRAM SUPERVISOR: _______________ PHONE NUMBER:_________________

Sample Objective:
• To provide a safe environment and caring atmosphere for children who attend this centre.

Sample Responsibilities:
• To help with programs in a variety of ways by:
  • Ensuring the safety of the children
  • Providing child care for children
  • Organizing activities and snacks
  • Setting up equipment and cleaning up after the program
  • Helping with activities
  • Contacting your supervisor if you are unable to work at scheduled time, e.g. holidays
  • Notifying your supervisor if you have any concerns regarding the placement
  • Completing and submitting “volunteer time/activity report” on a monthly basis
  • Providing a copy of a completed police check

Time and Place:
• Include the scheduled hours. For example: every Wednesday 9:00 a.m. - 12:00 p.m.

Commitments:
• For example: Three months

Training and Orientation:
• Outline specific training required. For example: Orientation to the centre.

Evaluation and Followup:
• You may wish to set a date for a followup meeting. For example: One week after start date.

Benefits:
• Satisfaction that comes from working with children
• Change from your daily routine
• Opportunity to learn a new skill
• Volunteer experience is a valuable reference
### SECTION: RISK MANAGEMENT

**Expectations:**

- This placement will be carried out within the guidelines established by this agreement.

**Comments:**

---

I understand and accept the responsibilities as outlined in this Placement Description Contract and have received sufficient orientation to become a volunteer on behalf of the ____________________________ centre. I agree to honour confidentiality at all times. Failure to meet the agreements outlined within and/or inappropriate conduct and/or misuse of materials will result in dismissal.

Volunteer signature ______________________  Supervisor’s signature_____________________

Volunteer name (print) _____________________  Supervisor’s name (print)_____________________

Date:__________________________________
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