Chapter 1: Preventing and Managing illness

Preventing and managing illness in our child care environment is a shared responsibility, and teamwork is the foundation that makes it work. By communicating clearly, following consistent health practices, and supporting one another in daily routines, we create a safer, healthier space for every child. This chapter outlines how child care centre staff, families, and Public Health collaborate to reduce the spread of illness, respond effectively when symptoms arise, and maintain a culture of care that protects the well being of our entire community.

Table of contents

- What causes infections and how do they spread?
- Routine Infection Prevention and Control Measures in Child Care Centres
- Keeping Children and Staff Healthy: Everyone has a Role
- Immunizations in Child Care Centres
- Managing exposure to blood and bodily fluids (from sharps or bites)
- Reportable Diseases of Public Health Significance
- Exclusion Recommendations for Non-reportable Illnesses

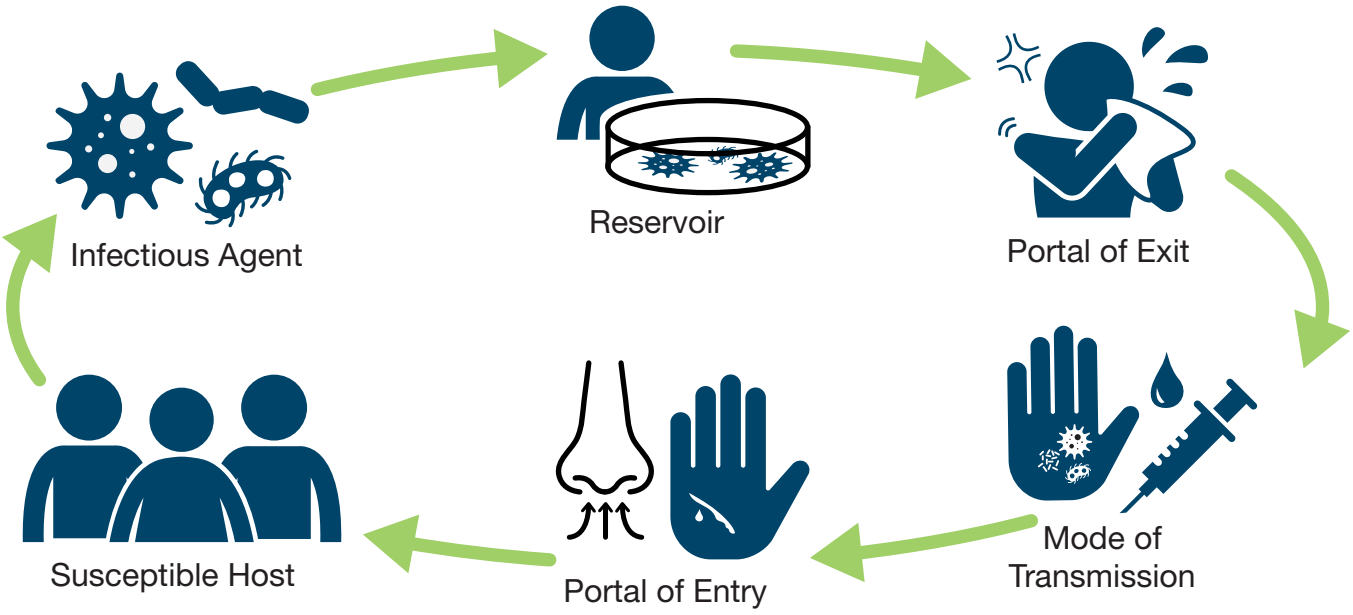
What causes infections and how do they spread?

Infections are illnesses caused by tiny germs such as viruses or bacteria that enter the body and begin to grow. They spread easily in child care settings through close contact, especially when children touch shared toys, cough or sneeze, or forget to wash their hands. Germs can also move from person to person when they land on surfaces and others pick them up.

> **Understanding what infections are and how they spread helps us take simple steps to keep everyone healthier.**

The chain of infection explains how germs spread and cause illness. It begins with an **infectious agent** (such as a virus or bacteria) that lives in a **reservoir** (like a child or staff member). Germs leave the body through a **portal of exit**, such as coughs, sneezes, saliva, or stool, and spread through a **mode of transmission**, like hands (direct), contaminated surfaces (indirect), droplets, or the air. They enter another person through a **portal of entry** such as the nose, mouth, eyes, or broken skin. This person could be a **susceptible host**, such as a child or adult with limited immunity. Breaking any link in this chain, especially through hand hygiene, wearing appropriate personal protective equipment, cleaning and disinfection, staying home when sick, keeping up to date on immunizations and proper respiratory etiquette, helps stop the spread of illness in child care settings.

The Chain of Infection



Hand hygiene

Hand hygiene is one of the most effective ways to prevent illness in child care settings. Staff and children should wash their hands with soap and warm running water by wetting hands, applying soap, rubbing all surfaces for at least 15 seconds, rinsing well, and drying with a paper towel. Wash hands before eating or handling food after using the toilet or helping a child with toileting, after diapering, before and after removing gloves, after wiping noses, coughing or sneezing, after outdoor play, before and after sensory play and whenever hands are visibly dirty. Staff and children (with supervision) may use hand sanitizer when hands are not visibly dirty. To help children learn, model proper handwashing, use simple songs or visual steps to guide the 15 seconds, supervise closely, and offer regular reminders and praise.

Respiratory etiquette

Respiratory etiquette helps reduce the spread of germs that cause colds, influenza, and other respiratory illnesses in child care settings. Staff and children should cover coughs and sneezes with a tissue and throw it out right away, or cough or sneeze into their elbow if a tissue is not available, then clean their hands immediately. Practice rRespiratory etiquette at all times, especially during when someone is ill, during group activities, and in close contact with others. To help children learn, model the behaviour consistently, use simple reminders and visual cues, teach “cover, throw away, wash,” and praise children when they remember to do it independently.

Staying Home When Sick

Staying home when sick is an important way to prevent the spread of illness in child care settings. Children and staff who are unwell, especially with symptoms such as fever, vomiting, diarrhea, new or worsening cough, or other signs of contagious illness, should stay home until they are well enough to participate in regular activities and no longer pose a risk of spreading infection to others.

Encouraging families and staff to stay home when sick helps protect the health of the entire child care community and supports a safer environment for everyone.

See exclusion guidelines for more information.

Personal Protective Equipment

Personal protective equipment, or PPE, is equipment staff wear to help protect themselves from germs when there is a chance of contact with blood, body fluids, or respiratory secretions. PPE includes gloves, gowns, masks, and eye protection. Use it during tasks where staff may be exposed to blood, body fluids, or respiratory secretions, like from splashes, sprays, or close contact. PPE helps reduce infection spread, but it must be used with proper hand hygiene and other routine infection prevention practices.



Gloves
Wear gloves when there is a chance of contact with blood, body fluids, broken skin, mucous membranes, or contaminated items or surfaces. Put on gloves just before the task and remove them after the task is done. Clean hands before putting on gloves and after removing them. Gloves do not replace handwashing.



Mask
Wear medical or procedure masks to protect the nose and mouth when there is a risk of breathing in respiratory droplets or when providing care to a child with respiratory symptoms. The mask should fit securely over the nose and mouth and should not be touched while being worn. Clean hands before putting on and after removing the mask.



Eye protection
Wear eye protection, such as goggles or a face shield, when splashes or sprays may reach the face. It helps protect the eyes from blood, body fluids, and respiratory secretions. Remove eye protection carefully after use, cleaned or dispose of it as required, and follow with hand hygiene. Eyeglasses will not provide adequate eye protection.



Gown
Wear gowns to protect clothing and skin when splashes or direct contact with blood, body fluids, or other potentially infectious material is possible. Remove gowns as soon as the task is finished, and disposed of, then perform hand hygiene.

Examples of when to use PPE to break the chain of infection:

Gloves	Changing diapers; helping a child with toileting if contact with urine or stool is likely; cleaning up vomit, blood, or other body fluids; handling soiled clothing; covering a cut or broken skin
Mask	Providing close care to a child with coughing, sneezing, or other respiratory symptoms; when respiratory illness is spreading in the setting and additional precautions are needed
Eye Protection	Cleaning up vomit, blood, or body fluids where splashing may occur; close care tasks where a child may cough or sneeze directly toward the staff member's face
Gown	Cleaning up a large spill of vomit or blood; providing care when clothing may be soiled by body fluids; tasks where there may be splashing onto skin or clothing

Environmental Cleaning

Environmental cleaning is important in child care settings because germs can survive on surfaces and spread easily through children's hands, shared toys, and high-touch areas. Regular cleaning and disinfecting reduce the risk of illness by removing dirt and killing germs on surfaces such as tables, doorknobs, toys, washrooms, diapering areas, and eating spaces. A clean environment also supports the health and safety of children and staff and is an important part of routine infection prevention and control.

See Cleaning and Disinfection, Chapter 5 - of the child care manual for more information.

Immunization

Immunization is a key part of protecting the health of children and staff in child care settings. Vaccines help prevent the spread of serious infectious diseases and reduce outbreak risk in environments where children and adults are in close contact every day. Keeping immunizations up to date helps protect the individual, the child care community, and those who may be more vulnerable to illness. Immunization key to maintaining a safe and healthy child care environment.

See information about immunizations below.

Routine Infection Prevention and Control Measures in Child Care Centres

Routine infection prevention and control measures reduce illness spread in child care centres and protect children, staff, and families. Consistent hand hygiene, daily health checks, routine practices, regular cleaning and disinfection, safe food handling, respiratory etiquette, and sharps safety are essential parts of a healthy child care environment.

Clean your hands: The most important thing you can do is to clean your hands well and often throughout the day.

Observe the children daily: Staff should assess each child for illness upon arrival to the centre and throughout the day. Communicate to parent(s) or caregiver(s) the importance of keeping staff informed about any illness that the child may have or has been in contact with.

> **Every licensee shall ensure that a daily observation is made of each child receiving child care in each child care centre it operates and in each premises where it oversees the provision of home child care before the child begins to associate with other children in order to detect possible symptoms of ill health.**
>
> **- Child Care and Early Years Act, 2014, S.O. 2014, c. 11, Sched. 1 Section 36. (1)**

Use personal protective equipment: Anyone can be carry an infection, and their bodily fluids could contain illness-causing germs. Being aware is especially important when you are in contact with or exposed to bodily fluids. Wash your hands well, use gloves, and clean / disinfect surfaces carefully.

Clean and disinfect surfaces regularly: This is very important because many germs are spread from person-to-person can survive on surfaces for hours and days. Follow these practices consistently to protect children and staff from becoming ill. See Chapter 5 on Cleaning and Disinfection for more information.

Handle and store food safely: This prevents foodborne illness, germ growth, and contamination by insects or rodents. See Chapter 3 on Food Safety for more information.

Cover your cough and sneeze: Use a tissue or the sleeve of your upper arm. Don't use your hands.

Prevent sharps injuries: Dispose of sharps (ie. broken glass, needles, razors) immediately in a puncture-proof container.

See the resource section for the Public Health Ontario IPAC checklist to review all of your IPAC measures in your child care centre.

Keeping Children and Staff Healthy: Everyone has a Role

Preventing illness spread in child care settings is a shared responsibility. Staff, parents and caregivers, and public health all play an important role in keeping children healthy and safe. Staff support daily infection prevention practices such as hand hygiene, cleaning, monitoring for illness, and responding appropriately when children become unwell. Parents and caregivers help by keeping sick children at home, reporting illnesses, and following child care policies. Public health provides guidance, support, and outbreak management advice to help child care settings prevent and respond to infection spread.

Child Care Centre Staff responsibilities

Establish written Infection Prevention and Control (IPAC) policies and procedures for your child care centre.

Policies and procedures should be:

- specific to your individual child care centre
- reviewed by all child centre staff as part of staff training
- placed in an accessible place to all staff
- reviewed at least annually, and as necessary
- based on regulations, best practices, current data and resources

Examples of infection prevention and control policies that should be available:

- Hand hygiene
- Symptomatic children or staff exclusion policy
- Monitoring and reporting of diseases and outbreaks
- Outbreak management procedures
- Communication with parents on illness
- Prevention and management of blood and body fluid exposure including biting
- Diapering and toileting procedures
- Cleaning and disinfecting procedures (ie. General, toys, washrooms, etc)
- Emergency Management
- Staff training on infection prevention and control
- Animal health policy (visiting pets, etc)
- Pest control
- Safe food and drinking water practices
- Immunization for children and staff
- Laundry and sleep equipment
- Sensory play practices



Monitor children for signs and symptoms of illness

- Observe the children as you greet them upon arrival to the centre and throughout the day
  - Do not accept any child presenting with signs or symptoms of illness, or separate from other children for the parent / guardian to pick up
- The following examples are indications that a child should stay home:
  - Child is unable to participate in programs (indoors or outdoors) due to feeling unwell
  - A health care provider diagnoses the child with a communicable disease that requires keeping the child home
  - Child has any of the following symptoms:
    - Unusual behaviour, such as lack of energy, lack of interest, headache or loss of appetite
    - Respiratory symptoms (cough, runny / stuffy nose, sore throat) with a fever. If your centre is experiencing an outbreak, follow outbreak-specific guidance from Niagara Region Public Health
    - Vomiting or diarrhea in the last 24 hours (not related to medication, or other known cause). If your centre is experiencing an outbreak, follow outbreak-specific guidance from Niagara Region Public Health.
    - Yellowing of skin or whites of eyes
    - Skin / scalp changes, including new spots, redness, blisters, itching, rash, or infected area (not related to a known non-communicable cause)
    - Fever / chills (37.8 C or higher by ear)
    - Eyes - discharge, swelling (not related to allergy or irritation of the eye)

- Gather more information about a child who is presenting with illness
  - Inquire if the child has recent exposure to other symptomatic persons (ie. sick household members)
  - Ask if the child has any signs or symptoms of infection the previous day or overnight
  - Continue to observe other children for similar signs and symptoms
- Communicate with parent(s) / guardian(s) about infections and illnesses in your centre
  - Include information such as what signs and symptoms to monitor, how long to monitor, exclusion recommendations, and the importance of reporting symptoms to the centre
  - All communication should ensure the confidentiality of any children and/or staff who are sick
  - Refer to exclusion recommendations below and advise parent/caregivers when the child can return to the setting
  - Consult with Public Health for additional support or resources
- Report any Diseases of Public Health significance or potential increase in children with similar signs and symptoms to Public Health

Parent and caregiver Responsibilities

- Keep your child home when they are sick to prevent them from spreading their infection to others
- Inform staff about their child's illness or symptoms
- Inform staff if their child has been in contact with someone who has an infectious disease
- Seek medical attention for their child
- Participate in policy development and revisions, if applicable
- Follow the centres policies, procedures and exclusion(s)



Public Health responsibilities

- Provide infection prevention and control recommendations
- Conduct routine and outbreak inspections by Public Health Inspectors
- Support outbreak management (respiratory illnesses, gastroenteritis, and others)
- Provide current evidence-based information, resources and feedback on written policies and procedures to help prevent and manage illness
- Act as a resource for health information
- Follow up with cases and contacts of reportable infectious diseases

Immunizations in Child Care Centres

Stay up to date with vaccinations to help protect children and prevent closures caused by outbreaks of vaccine- preventable diseases (e.g. measles).

Maintain access to current and up –to-date vaccination information easily onsite: This documentation is critical if vaccine-preventable disease outbreak occurs at the child care centre. Staff and children who have not received their vaccine(s) will be considered at risk. They may not be allowed at the child care centre until Public Health declares the outbreak is over. Excluding them from child care protects them.

Provide Public Health with current enrolment lists and immunization records as requested. A current enrolment list from each licensee is essential for Public Health to accurately assess the immunization status and exemptions of the children attending your child care centre. This is the only way Public Health can review immunization records.

Licensees do not need to review children's immunization records to confirm whether a child is up to date. Public Health will review this information and follow up directly with parents or guardians of children with missing immunization information.

For children, collect and keep immunization information for new enrolments on file and send copies to Public Health. Remind parents/guardians to continue reporting each vaccination their child receives while attending child care to both their facility and Public Health.

For staff, this includes having either a copy of an immunization record (yellow card or a printout from Immunization Connect (https://nrph.icon.ehealthontario.ca/#!/welcome)) or a valid exemption form. The licensee can use a completed Employment Immunization Status for Child Care form to track this.

For more information, visit Immunization Information for Child Care Licensees (niagararegion.ca/government-and-council/service-providers-and-partners/child-care-providers/immunization-information-for-child-care-licensees)

Managing exposure to blood and bodily fluids (from sharps or bites)

Exposure to another person's blood or bodily fluid can happen in child care settings through items that are considered sharps (ie. used needles, razors) and bites. Biting is normal behaviour for young children as they do not yet understand harm to others or how to express their emotions. Parent(s) / caregiver(s) may be concerned about the possible spread of infections, such as hepatitis and HIV. Although the risk of infection is low, parental anxiety may be high.

- Make sure your centre has written policies to manage exposures to blood and body fluids by children and staff, including bite wounds. Children cannot be excluded from child care because of hepatitis B, hepatitis C or HIV infection.
- Staff should be adequately trained and regularly updated on first aid including proper care of wounds
- Ensure first aid supplies are available to care for wounds, including gloves and bandages. Keep these on site and easily accessible.

When an exposure to blood or bodily fluids occurs

If the skin isn't broken, clean the wound with soap and water, apply a cold compress and soothe the child.

If the skin is broken:

- Allow the wound to bleed gently, without squeezing
- Clean the wound carefully with soap and water
- Complete appropriate documentation as per child care centre policy
- Notify the parent(s) / caregiver(s) of the affected children
- Advise the parent(s) / caregiver(s) to see a health care provider to assess the wound, determine the risk of infection, decide whether medication is needed
- Observe the wound over the next few days and if redness or swelling develops, advise the child's parent(s) / caregiver(s) to consult a health care provider

Reportable Diseases of Public Health Significance

Diseases of Public Health Significance (DoPHS) require timely notification and Public Health direction to help prevent further spread in child care centres. When Public Health becomes aware of a reportable disease, it will contact the centre or school to provide case-specific guidance on exclusion, follow-up for close contacts, and other appropriate infection prevention measures.

For many DoPHS, Public Health staff will contact the family and child care centre or school to discuss excluding the ill child and to provide recommendations for contacts of a case. Some examples of DoPHS:

- Meningitis
- Chickenpox (only lab confirmed)*
- Hepatitis A
- Invasive Group A Streptococcus
- Measles
- Mumps
- Rubella (German Measles)
- Pertussis (Whooping cough)

***Chickenpox**

A child with mild chickenpox can continue to attend child care and school regardless of the state of their rash, provided they are well enough to take part comfortably in all program activities, including going outside. Keep a child with a high fever, enough spots to be uncomfortable, or who is feeling unwell home until they are well enough to participate. Staff who are pregnant should seek medical assessment if they are unsure of their immune status and exposed to chickenpox.

*Symptomatic children without lab confirmation (testing) are no longer reportable to Public Health.

If you have questions or to discuss a suspect case of the above diseases, please contact Niagara Region Public Health, Infectious Disease Program at 1-888-505-6074 or 905-688-8248 ext. 7330.

Reporting an increase of illness in child care (ie. outbreaks)

Illness in children and staff, such as respiratory (ie., cough, fever, sore throat) or gastrointestinal (diarrhea and or vomiting) can spread quickly in a child care centre. Report increases in illness to Niagara Region Public Health promptly so a public health nurse can assesse your situation and determine if you have an outbreak. See Chapter 2 on Outbreak for more information.

If you are seeing an increase in cases with similar symptoms in your facility, please contact Niagara Region Public Health, Duty Officer at 1-888-505-6074 or 905-688-8248 ext. 7590.

To report other Diseases of Public Health Significance, please visit our website: healthcareprofessionals.niagararegion.ca (healthcareprofessionals.niagararegion.ca/infectious-diseases/diseases-of-public-health-significance/)

Exclusion Recommendations for Non-reportable Illnesses

While these illnesses do not need to be reported to Public Health, contact Niagara Region Public Health Duty Officer at 1-888-505-6074 or 905-688-8248 ext. 7590 with any questions or concerns. Exclusion recommendations are the same for children and staff unless otherwise specified.

Exclusion recommendations by symptoms:

Additional infection prevention and control measures can reduce the risk of transmission to other children and staff when a child has mild symptoms:

1. **Communicate with parent or guardian:**
   - Is there a known exposure to other persons with symptoms of a communicable disease (consider exclusion or implement steps 1 and 2)
   - Does the child have a health condition that explains the likelihood of the symptom that is not communicable (ie. allergies). Continue to monitor for any changes in health.
2. **Monitor child for development of other symptoms and consider exclusion if additional symptoms appear**
3. **Implement additional IPAC measures for the child/staff, when feasible:**
   - Increase hand hygiene reminders especially after sneezing/coughing, before and after contact with items (ie. toys)
   - Remind about respiratory etiquette
   - Additional cleaning / disinfection after use of toys, avoid sensory/soft play items that can't be cleaned
   - Encourage mask use (for staff and could consider for children who a can tolerate, consent received and able to remove mask)
   - Consider re-assigning duties of symptomatic staff to reduce exposure to children who may be at higher risk of severe disease (ie. Immunocompromised, chronic respiratory conditions)

Respiratory symptoms (cough, sore throat, stuff/runny nose)

A child can attend child care or school if they:

- Can participate normally in all activities, and
- Are fever-free (without the use of fever reducing medication) for at least 24 hours, and
- Have no gastrointestinal symptoms (i.e. diarrhea and / or vomiting) for at least 24 hours, and
- Are not diagnosed with a communicable disease by a physician that requires stricter exclusion, or as directed by Public Health

Diarrhea / vomiting

A child can attend a child care centre or school if they;

- Have no gastrointestinal symptoms for at least 24 hours, and
- Are fever-free (without the use of fever-reducing medication) for at least 24 hours, and
- Are not diagnosed with a communicable disease by a physician that requires stricter exclusion

or as directed by Public Health. Exclusion may be longer depending on the suspected cause.

Fever

A child can return to the child care centre or school once they are fever-free, without the use of fever-reducing medicine, for 24 hours.

Rash

A health care provider should see any new, undiagnosed rash in a child before return to child care. Follow the health care provider's exclusion recommendations.

Exclusion recommendations by disease:

Fifth disease (parvovirus B19)

A child can attend the child care centre or school because they are no longer contagious once the rash appears. Advise staff who are pregnant to seek medical assessment if exposed.

Hand, foot, and mouth disease

A child may return to the child care centre or school when they feel well enough to take part in activities and are fever-free for at least 24 hours without taking any fever-relieving medications. Consider keeping children with blisters in the mouth or a weeping rash on the hands home, if they cannot control drool and other secretions.

Impetigo

A child should not return to the child care centre or school until the antibiotic prescribed by a health care provider has been taken for at least one full day (24 hours), and the child is well enough to take part in program activities. If lesions are draining and cannot be covered, consider keeping the child home until they are no longer draining and/or are covered.

Molluscum Contagiosum

No exclusion necessary. Where possible, cover lesions with clothing or bandage.



Pink eye

Keep a child with pink eye and eye discharge home until seen by a healthcare provider. If bacterial, the child can return to the child care centre or school after 24 hours of appropriate antibiotic treatment. If viral, the child can return with the health care provider's approval. No exclusion is necessary if there is no eye discharge, unless there is an outbreak.

Pinworm

Children can return to the child care centre or school after treatment has started.

Ringworm

Children can return to the child care centre or school after their first treatment has started.

Roseola

Children may continue to attend the child care centre or school if they feelwell enough to take part in regular daily activities and fever-free for at least 24 hours without taking fever-reducing medications.

Scabies

Children can return to the child care centre or school the day after their first treatment.

Strep throat

A child should not return to the child care centre or school until the antibiotic prescribed by a health care provider has been taken for at least one full day (24 hours), and the child is well enough to take part in all program activities and is fever-free for at least 24 hours without taking fever-relieving medication.

For more information on these diseases or others not listed, please visit Caring for Kids website at caringforkids.cps.ca (https://caringforkids.cps.ca) or call Public Health.