



# **Infection Prevention and Control (IPAC) and Outbreak Management in Child Care Centres**

## Requirements and Best Practices

WINDSOR-ESSEX COUNTY  
**HEALTH UNIT**

Environmental Health Department

Updated October 2025



Revisions December 2022:

- Updated phone numbers on the Enteric Line Lists for Children and Staff
- Updated phone numbers throughout document for reporting outbreaks.

Revisions January 2023:

- Updated copy of “Collecting a Stool Sample” instructions and Sample of General Requisition Form (Appendix)

Revisions January 2024:

- Removed requirement for COVID-19 immunization disclosure policy
- Removed “Guidelines for Common Communicable Diseases” section and referred to the WECHU Guide to Common Infections document (<http://www.wechu.org/guide-common-infections>)
- Updated “Identifying an Outbreak” to include School and Childcare Centre Absenteeism Reporting Form
- Updated link for Facility Outbreak Line List
- Updated phone number for reporting an outbreak
- Updated “Specimen Collection (Stool Samples for Enteric Illnesses)”
- Removed “Post Outbreak Communication”
- Updated “Immunization” section
- Updated references
- Updated copy of “Facility Outbreak Line List”, “Collecting a Stool Sample” instructions and sample “General Test Requisition” (Appendix)

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## **Introduction**

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Children depend on knowledgeable and experienced staff to provide a safe and healthy environment for them. Childcare centres can become a place where illnesses are transmitted easily between children and staff, resulting in enteric and respiratory outbreaks. It is the duty of each childcare centre to ensure robust infection prevention and control (IPAC) practices are in place and that staff conduct regular surveillance of children and staff and report any suspected reportable or communicable illnesses to the health unit to prevent further spread.

### **Why are infants and children at high risk?**

Infants and children have underdeveloped immune systems and are more likely to become ill when exposed to harmful microorganisms. At this young age, children also do not have well-developed personal hygiene, or an independent toileting routine. Toileting facilities and other commonly used areas for playing, eating, and sleeping introduce these germs to children and staff, (i.e., hands-to-mouth, close contact, toy sharing, etc.) that can result in rapid spread of an illness.

## **The Role of the Health Unit**

The Windsor-Essex County Health Unit (WECHU) has an important role in ensuring high quality and effective IPAC in childcare facilities. Site visits are made to childcare facilities throughout the year to help identify potential health risks to children and staff and provide guidance on how to minimize the risks. These visits can be for the purpose of a general inspection, related to a complaint, referrals from other agencies, or due to outbreak investigations. The WECHU also provides education and resources to improve the facility's IPAC program.

## **Child Care Centre Duty to Report**

As stated in the Health Protection and Promotion Act R.S.O. 1990, c.H.7, Section 27(2), childcare centres have a duty to report suspected illnesses to the health unit.

It states "*[t]he 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."*

There are also requirements in the O. Reg. 137/15 Section 36(1) under the Child Care and Early Years Act, 2014, related to illness observed in children in their care. It states,

***[e]very licensee shall ensure that a daily observation is made of each child receiving childcare in each childcare centre it operates and, in each premise, where it oversees the provision of the home childcare before the child begins to associate with other children in order to detect possible symptoms of ill health."***

Furthermore, O. Reg. 137/15 Section 36(2) under the Child Care and Early Years Act, 2014 also states that, ***[e]very licensee shall ensure that where a child receiving child care at a child care centre it operates or at a premises where it oversees the provision of home child care appears to be ill, the child is separated from other children and the symptoms of the illness noted in the child's record."***

**Note:** Reportable diseases, also known as Diseases of Public Health Significance (DOPHS), must be reported to the WECHU immediately by calling the Infectious Disease Prevention (IDP) Department at 519-258-2146 ext. 1420. Please visit the [WECHU's webpage](#) for a chart of DOPHS. The WECHU will investigate and confirm these reports before any communications to parents or staff.

## **IPAC Practices, Policies and Procedures**

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### **Routine Practices**

Routine practices are everyday tasks and procedures performed to prevent and control the spread of infection among children AND staff. When applied consistently, routine practices will reduce or eliminate the risk of transmission of microorganisms. Examples of routine practices include frequent handwashing and regular cleaning and disinfecting of high touch surfaces.

Employing routine practices also helps minimize the risk of occupationally acquired infections (OAI) in staff. OAI's are infections that occur as a result of performing day-to-day tasks in the workplace. In order

**RISK ASSESSMENT AND INFECTION PREVENTION AND CONTROL PRACTICES SHOULD BE INCORPORATED INTO THE CULTURE OF THE CHILD CARE CENTRE OPERATION (PIDAC, 2012)**

to protect children/visitors and staff and to reduce the costs of OAI's, it is important that routine practices are adhered to prevent infections.

Review the [IPAC Measures section](#) in this document (starting on page 9) for detailed guidance on a variety of topics.

### **General Guidance for Writing Policies and Procedures**

Policies and procedures ensure that staff are trained and aware of infection prevention and control practices specific to the child care centre and how they apply to their daily activities. To be effective, policies and procedures:

- **Shall** be specific to the individual child care centre
- **Shall** be reviewed by all child care centre staff as a part of staff training
- **Must** be maintained in a written format
- **Should** be practical to implement
- **Should** be reviewed and updated annually, or as necessary, to incorporate the most current requirements based on evidence, data and best practices

## Required Policies and Procedures

Each child care centre **must** develop, maintain, and implement a policy and procedure on the management of communicable diseases that, at a minimum, include how to manage illness, perform surveillance, and monitoring and reporting of diseases. The policy and procedure must address:

- Surveillance (e.g., observing children for illness upon arrival, recording symptoms, absences after outings, special events, etc.)
- Monitoring for an increase from baseline illness levels among staff and children. Baseline incidence is the normal level of illness in a given place and time.
- Methods and contact information for reporting diseases of public health significance to the WECHU
- Reference to an “Exclusion and Isolation/Cohorting” Policy and Procedure (described below).

### 1. Exclusion and Isolation/Cohorting of Ill Children, Staff, Volunteers Policy and Procedure:

This policy and procedure must outline the steps a child care centre will take to:

- Isolate/cohort children, staff or volunteers who become ill while attending the child care centre until they can be picked-up
- Exclude ill children, staff, and volunteers from the child care centre.

At a minimum, the following components **must** be included in the policy and procedure:

- Identify a designated room or area to isolate/cohort ill children until they can be picked up
- Description of signs and symptoms of reportable diseases ([diseases of public significance](#));
- Definition of exclusion criteria; if there is a greater need for care than the staff can provide or the illness poses a serious health risk if spread to others.

Exclusion criteria included, but not limited to:

- The child is unable to participate in programs
- The child is unable to participate in outdoor activities;
- The child is diagnosed by a health care provider with a communicable disease;
- The child has one or more of the following symptoms:
  - Abnormal temperature of 37.5 °C (99.5 °F) or greater, or 35.5 °C (95.9 °F) or less;
  - Gastrointestinal symptoms: 2 episodes of diarrhea, or 2 episodes of vomiting, or 1 episode of diarrhea and 1 episode of vomiting within a 24-48h period;

- Respiratory symptoms, with fever;
- Any unidentified rash;
- Persistent pain

**Head lice** can be treated by using specific chemical shampoo and removing all lice eggs or by using the wet combing method, which is non-chemical and is much less effective. Refer to school board/daycare policy with respect to excluding children with head lice from school.

## **2. General IPAC Policies and Procedures**

Each child care centre **must** develop, maintain, and implement policies and procedures for each applicable component of the IPAC program. Examples of such policies and procedures include but are not limited to:

- Environmental cleaning and disinfection policy
- Anaphylaxis policy
- Medication policy
- Breast milk storage and serving policy
- Hand hygiene program
- Tooth brushing program policy
- Diapering and toileting program
- Communication with parents and staff with respect to IPAC practices
- Toy cleaning and disinfection program
- Laundering program
- Pest control program
- Care and handling of resident and visiting animals
- Prevention of occupationally acquired infections, including disease surveillance and management
- Immunization requirements

## **3. Management of Outbreaks Policy and Procedure**

Each child care centre **must** develop, maintain, and implement a policy and procedure on the management of outbreaks that, at a minimum, include the following components:

- Parents/guardians should keep their child home if the child has developed a fever, diarrhea, or vomiting during the night

- Parents/guardians need to inform child care centre staff if the child has been ill while away from the facility, such as family vacation
- The child care centre should be informed of any member of the child's family who has symptoms of diarrhea and/or vomiting. This will enable the child to be monitored while at the child care centre
- Child care centre staff should observe children for symptoms of illness upon arrival at the centre, and before joining other group of children
- Immediately isolating/cohorting ill children until they can be picked up
- Notifying parents or emergency contacts to pick up ill children as soon as possible
- Maintaining a line list of ill children and staff by recording name, the date and time children and/or staff became ill, date of birth, gender, individual symptoms, and the affected room number or type of room (e.g., infant room or toddler room)
- Enhancing cleaning and disinfection programs:
  - Changing the disinfectant or dilution concentration (e.g., for Norovirus outbreaks use a disinfectant capable of inactivating Norovirus)
  - Ensuring appropriate disinfectant contact times (e.g., 2 minutes or allow to air dry)
  - Increasing the frequency of cleaning and disinfection of high touch surfaces to at least twice per day and as needed

Reporting possible **gastrointestinal outbreaks** to:

- Infectious Disease Prevention 519-258-2146 ext. 1420
- After hours weekend and holidays 519-973-4510

Once confirmed, inform families, staff, and visitors by:

- Distributing outbreak advisory letters to parents/guardians
- Posting outbreak notification sign(s) at entrances to the child care centre
- Obtaining permission from parents to submit specimen samples to the Public Health Ontario Laboratory (PHOL)

Child care centres **must** develop, maintain, and implement a policy and procedure on environmental cleaning and disinfecting that at a minimum, include the following components:

- Routine cleaning and disinfection schedule(s) for each room/area that identifies the surfaces, equipment, and items to be cleaned and disinfected; the frequencies of cleaning and disinfection (i.e. daily, weekly and monthly); and the person(s) responsible for that task. Please refer to **Figure 1: Cleaning and Disinfectant Chart**.
- Directions on how and when a product is to be used (staff should be able to provide a description of the products used, contact times, proper dispensing, and usage)

- Directions for cleaning and disinfection during an outbreak
- Information relating to the cleaning agent(s) and disinfectant(s) used at the child care centre including:
  - Drug identification number (DIN)
  - Material safety data sheet (MSDS)
- Directions for where to securely store cleaning and disinfectant supplies

### **High-contact and Low-contact Surfaces**

High-contact surfaces include sinks, faucet taps, toilets, railings, highchairs, feeding tables, plastic bibs, cribs, doorknobs, light switches and electronic devices that are frequently touched by hands. These surfaces require frequent cleaning and disinfection.

Low-contact surfaces include floors, walls, and windowsills that are touched less frequently.

### **Key Points**

- Surfaces **must** be maintained in a sanitary condition
- High-contact surfaces **must** be cleaned and disinfected daily, and as necessary (e.g., when visibly dirty, when spills occur)
- Low-contact surfaces **must** be cleaned and disinfected as needed
- Surfaces should be cleaned and disinfected more frequently during outbreaks

## **General Infection Prevention and Control (IPAC) Measures**

The following IPAC topics are covered in this section:

- [Cleaning and Disinfection](#)
- [Surveillance](#)
- [Hand Hygiene](#)
- [Glove Use](#)
- [Respiratory Etiquette](#)
- [Diapering and Toileting](#)
- [Sensory Play and Toy Program](#)
- [Sleep Equipment and Arrangements](#)
- [Laundry](#)
- [Carpets and Floor Mats](#)
- [Expressed Breast Milk \(EBM\)](#)
- [Gardening](#)
- [Pest Control](#)

- Visiting and Resident Animals

## Cleaning and Disinfection

**Cleaning** is the physical removal of foreign material (e.g., dust, soil, etc.) and organic material (e.g., blood, secretions, excretions, microorganisms, etc.). Cleaning will physically remove a microorganism, but will not kill it. Cleaning is accomplished with warm water, detergent(s) and mechanical action. After cleaning an object, it is necessary to rinse with clean water to ensure detergent film is removed.

CHOOSING A CLEANING AGENT	USING A CLEANING AGENT
<p>The ease of cleaning is an important consideration in the choice of materials used in your centre (PIDAC, 2012). When choosing a cleaning agent consider the following:</p> <ul style="list-style-type: none"> <li>• Type of furniture and equipment in your facility</li> <li>• Compatibility with other cleaning agents and disinfectants used in the centre (e.g., do not use chlorine bleach and ammonia together as it can cause harmful fumes)</li> </ul>	<p>Cleaning must be done as soon as possible after contamination. When using cleaning products, minimize mist while applying to avoid eye and respiratory irritation (PIDAC, 2018). It is important that the sequence or steps involved in the cleaning process be done in the correct order:</p> <ul style="list-style-type: none"> <li>• Wear the appropriate personal protective equipment for the task</li> <li>• Clean in progression from low-contact to high-contact surfaces and from top to bottom</li> <li>• If required, rinse surface(s) with clean warm water</li> </ul>

**Disinfection** is completed after cleaning, and is the process of killing most disease-causing microorganisms on objects using chemical solutions as long as correct contact time is followed

CHOOSING A DISINFECTANT	USING A DISINFECTANT
<p>Using a ready-to-use/pre-mixed disinfectant is ideal compared to mixing chemicals on site. When choosing a disinfectant consider products that are:</p> <ul style="list-style-type: none"> <li>• Easy to use (e.g., clear label instructions)</li> <li>• Non-toxic or non-irritating at mixed concentrations</li> <li>• Broad spectrum (destroys a variety of harmful microorganisms)</li> <li>• Not affected by environmental factors (e.g., disinfectant remains active in the presence of different soils or</li> </ul>	<ul style="list-style-type: none"> <li>• Read and follow all manufacturer instructions before use</li> <li>• Wear appropriate personal protective equipment</li> <li>• Clean the surface prior to disinfection. Remove visible dirt by scrubbing with detergents and warm water before disinfection, or use an approved one-step disinfectant cleaner</li> <li>• Consider the type of microorganisms that can potentially be present on the surface to be treated (e.g., surfaces exposed to blood, skin, other bodily fluids)</li> </ul>

<p>contaminants; doesn't react negatively with other cleaning products)</p> <ul style="list-style-type: none"> <li>• Compatible with a wide range of materials (e.g., wood, leather, etc.)</li> <li>• Cost effective</li> <li>• Stable in concentrated or in diluted form, and therefore has a long shelf life</li> </ul>	<ul style="list-style-type: none"> <li>• Use an appropriate disinfectant (i.e. type and concentration)</li> <li>• During an outbreak, ensure the disinfectant is a broad spectrum, and effective against norovirus</li> <li>• Label each disinfectant bottle appropriately</li> <li>• Do not dip a soiled cloth into the disinfectant solution (no 'double-dipping')</li> <li>• When using a disinfectant minimize mist when applying to avoid eye and respiratory irritation</li> </ul>
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### Disinfectants

- **Shall** be labelled
- **Shall** be stored in a secure location, and inaccessible to children
- **Shall** have a Drug Identification Number (DIN #), and a Material Safety Data Sheet (MSDS);
- **Must** be used as per the manufacturer's directions
- **Must** have a predetermined shelf-life
- **Must** have a recommended and short contact time
- **Must** have an efficacy statement
- **Must** not contain **phenols** because they can cause **Hyperbilirubinemia** (jaundice) if not rinsed properly (PIDAC, 2018)

**Figure 1: Cleaning and Disinfection Chart**

Diapering Station	What To Do	Frequency
Diaper change mat	Clean & Disinfect	After Each Use
Diaper change table	Clean & Disinfect	Daily
Hand sink	Clean & Disinfect	Daily
Toys	What To Do	
Mouthed toys	Clean & Disinfect	After Each Use
Infant	Clean & Disinfect	Daily
Toddler and Pre-school	Clean & Disinfect	Weekly
Kindergarten & School Age	Clean & Disinfect	Monthly
Used homemade playdough	Discard	Daily
Natural items (stones, sticks)	Discard	Weekly
Sensory/Water play bins & toys	Clean & Disinfect	Daily
Plush toys and dress up clothes	Launder	Weekly
Sleeping Items	What To Do	
Cots and cribs	Clean & Disinfect	Weekly
Bedding and linens	Clean & Disinfect	Weekly
Personal Items & Hygiene	What To Do	
Bibs and cloth towels	Launder	After Each Use
Combs and brushes	Clean & Disinfect	After Each Use
Soothers/pacifiers	Clean & Disinfect	After Each Use
Flooring	What To Do	Frequency
Carpets in infant rooms	Vacuum (steam clean every 3 months)	Daily
Carpets in non-Infant rooms	Vacuum (steam clean every 6 months)	Daily
Floors and floor mats	Sweep and wet mop	Daily
Furniture	What To Do	
Activity tables	Clean & Disinfect	After Each Use
Fabric upholstered furniture	Vacuum (steam 2x/year)	Weekly
High chairs	Clean & Disinfect	After Each Use

<b>Washrooms</b>	<b>What To Do</b>	
Potty chairs and toilet seat inserts	Clean & Disinfect	After Each Use
Toilets	Clean & Disinfect	Daily
Hand sinks	Clean & Disinfect	Daily

## Surveillance

Surveillance is an important part of infection prevention and control, and the key to identifying an outbreak. Operators and staff **shall** observe children daily, monitoring for signs and symptoms of illness. As part of the surveillance program operators and staff **shall** record the following information:

- Attendance and absence of children and staff
- Signs and symptoms of illness (observing children upon arrival to the child care centre)
- Dates and times that the symptoms started (onset)
- Time that the ill child was picked up from the child care centre
- Dates of field trips, outings, and special events

## Hand Hygiene

Hand hygiene refers to any hand-cleaning action and is an essential part of Routine Practices. Several studies demonstrate that hand washing in child care centres significantly reduces diarrhea and respiratory illness.

Hand hygiene involves the removal or destruction of visible soil and transient microorganisms from the hands while maintaining good skin integrity. Intact skin is the body's first line of defense against bacteria; therefore, careful attention to skin care is essential. The presence of dermatitis, cracks, cuts, or abrasions can trap bacteria and compromise hand hygiene. Dermatitis also increases shedding of skin and, therefore, shedding of bacteria.

There are two methods of killing/removing microorganisms on hands:

- a. **Hand sanitizing with alcohol-based hand rubs (ABHR) containing 70% to 90% alcohol is the preferred method when hands are not visibly soiled.** Using easily accessible ABHR in most settings takes less time than traditional hand washing. Use of ABHR is also more effective than washing hands with soap and water when hands are not visibly soiled.  
**Note:** Providing an ABHR product that contains an emollient (moisturizer) can significantly decrease "irritant contact dermatitis" under frequent-use conditions. Non-alcohol-based waterless antiseptic agents are not recommended for hand hygiene in health care and institutional settings and **must** not be used (PIDAC, 2018). Ensure ABHR is effective by keeping expiry date in mind and discarding when product is expired or empty. Do not re-fill ABHR containers as contamination can occur, becoming ineffective.
- b. **Handwashing with soap and warm running water must be performed when hands are visibly soiled.** The presence of organic material can reduce the effectiveness of alcohol in ABHR. The mechanical action of washing, rinsing, and drying is the most important contributor to the removal of transient bacteria. If hands are visibly soiled and running water is not available (e.g., field trips), use a moistened towelette to remove the visible soil, followed by ABHR.

## **Policies and Procedures for Hand Hygiene**

Child care centres **must** develop and maintain written policies and procedures for the established hand hygiene program that, at the minimum, includes the following components:

- When to perform hand hygiene
- How to perform hand hygiene
- How products used for hand hygiene are selected (e.g., ABHR)
- How product dispensing containers are managed
- How hand hygiene compliance will be monitored and improved

Child care centres **must** implement a hand hygiene program that, at a minimum, includes the following elements:

- Teach children proper hand hygiene
- Supervise children while using ABHR
- Ensure handwashing is carried out when hands are visibly soiled (use of ABHR is not appropriate when hands are visibly soiled)
- Ensure staff, visitors, parents, and children practice hand hygiene upon arrival and/or entry into any room
- Ensure staff practice hand hygiene:
  - Before preparing, handling, or serving food
  - Before and after handling expressed breast milk
  - Before and after giving medication
  - Before initial contact with children or handling items in the room
  - After toileting/diapering
  - After coming in from outside
  - After providing care involving blood, body fluids, secretions, and excretions of children or staff, even if gloves were worn
  - Before and after glove use
  - Before and after handling animals
  - After handling garbage
  - Whenever in doubt
- Ensure staff assist and supervise children when practicing hand hygiene:
  - After playing outdoors
  - After using the washroom
  - Before eating
  - Before and after handling pets
  - After sneezing or coughing
  - Before and after sensory play activities
  - Whenever in doubt

Each room with a designated handwashing sink **must** be equipped with the following:

- Running water (hot and cold)
- Liquid soap in a dispenser
- Paper towels
- "Handwashing" information sheet (See Appendix)

## Glove Use

Gloves are an excellent barrier device for reducing the risk of communicable disease transmission. However, gloves are not completely free of leaks, and tears/punctures can occur. Improper glove use, including re-using gloves, can contribute to the transmission of pathogens. Wearing gloves does not substitute proper hand hygiene (i.e., hand washing or using ABHR) (PIDAC, 2014).

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**Key Points**      Gloves **must** be worn when it is anticipated that hands will be in contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, or contaminated equipment and environmental surfaces

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Gloves **must** be single-use only

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Hand hygiene **must** be practiced before putting on and after taking off gloves.

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Gloves **must** be removed immediately and discarded into a waste receptacle after each use

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Gloves should be appropriate for the type of activity

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To reduce hand irritation, use appropriate gloves when handling chemical agents; wear gloves for as short a time as possible; clean and dry hands before and after wearing gloves; and use gloves that are clean and dry.

## Respiratory Etiquette

Respiratory infections are spread easily in settings where people are in close contact. To prevent the spread of microorganisms that cause respiratory infections (e.g., influenza), proper respiratory etiquette should be taught to children and regularly practiced by staff, and visitors.

### Respiratory etiquette includes:

Wearing a face mask that covers the mouth, nose, and chin when and where mandated.

Staying home when ill with a respiratory infection

Minimizing airborne droplets when coughing or sneezing, by:

Turning your head away from others and sneezing or coughing into your arm (e.g., "sneeze into the sleeve" and "cover your cough")

Maintaining a two-metre separation from others, when possible

Covering your nose and mouth with a tissue

Disposing of used tissues into the garbage immediately after use.

Practicing proper hand hygiene immediately after coughing or sneezing

## Diapering and Toileting

Child care centre operators provide diapering and toileting programs for children to help develop and encourage hygienic practices. However, diapering and toileting can pose a risk of disease transmission. It is important that child care operators and staff apply IPAC principles and Routine Practices during diapering and toileting routines.

Handwashing sinks **must** be provided in diaper changing areas and washrooms. These sinks **must** be designated for hand washing and **must** be adequately supplied to allow staff and children to properly wash their hands. The diapering area **must** be separate from the food preparation area.

- Washrooms and diapering areas **must** be equipped with:
  - Separate, designated handwashing sink supplied with:
    - Running water
    - Liquid/Foam soap in a dispenser
    - Paper towels
    - "Handwashing" information sheet (See Appendix)
  - Single-use disposable gloves
  - Appropriate disinfectant
  - Washrooms/diapering surfaces constructed of smooth, non-porous, non-absorbent material that is easy to clean and disinfect (e.g., Formica, hard plastic, stainless steel or a washable pad covered by smooth vinyl). Surfaces **must** be free of cracks or rips.
  - Appropriate storage for personal hygiene items (e.g., diapers, creams, ointments, toothpaste, toothbrushes etc.)
  - Garbage containers equipped with a leak proof plastic liner and a foot activated lid that is tight fitting
- Sinks **must** be washed and disinfected at least daily (or as necessary) and **must** not be used for food preparation, rinsing soiled clothing or toy washing
- Washrooms, fixtures and diaper change surfaces **must** be maintained in a sanitary condition
- Diapering surfaces **must** be disinfected after each use (even if a paper liner is used) and this should be used for diapering only (not drying toys)
- Personal hygiene items **must** be labelled and stored separately to prevent accidental sharing
- Personal hygiene items **must** be dispensed in a manner that prevents cross contamination (e.g., if children are using toothpaste from the same tube, the toothpaste **must** be dispensed onto a paper towel and then applied to the brush)

## Sensory Play and Toy Program

### Toy Cleaning and Disinfection

Similar to environmental cleaning and disinfection, child care centres **must** implement a comprehensive toy cleaning and disinfection program which includes the following:

- Policies and procedures for cleaning and disinfecting toys
- Schedule(s) that identify toys to be cleaned/disinfected, frequencies of cleaning/disinfection (i.e. daily, weekly and monthly), and the person(s) responsible for cleaning and disinfecting (Please refer to **Figure 1: Cleaning and Disinfectant Chart**).
- Toy cleaning and disinfection schedules and log sheets should be posted. The frequency of cleaning and disinfection varies depending on the age group and the amount of

handling of toys:

- *Infant (under 18 months)*: Frequently touched toys in infant rooms **must** be cleaned and disinfected daily (or more often as necessary)
- *Toddler (18 – 30 months) & Preschool (>30 months – 5 years)*: Frequently touched toys in toddler and preschool rooms **must** be cleaned and disinfected weekly (or more often as necessary)
- *Kindergarten & School Age (5 – 12 years)*: Frequently touched toys in the school aged rooms **must** be cleaned and disinfected monthly (or more often as necessary)

When cleaning and disinfecting toys:

- Childcare operators **must** wear appropriate personal protective equipment (e.g., rubber gloves)
- Toys **must** be cleaned and rinsed prior to disinfection.
- Disinfectant used **must** be safe and suitable for the intended purpose. The manufacturer's directions for dilution and contact times **must** be followed.
- Toys **must** be cleaned and disinfected using the 3-compartment sink method or a dishwasher.
  - The 2-compartment sink method is acceptable if washing and rinsing are done in the first sink. If no sinks are available, then the 3 bin method is acceptable
  - Where a dishwasher is used to clean and disinfect toys, the dishwasher **shall** comply with the requirements of [Ontario Food Premises Regulation 493/17](https://www.ontario.ca/laws/regulation/170493)  
Reference: [www.ontario.ca/laws/regulation/170493](https://www.ontario.ca/laws/regulation/170493)

The following practices are necessary to reduce the risk of disease transmission to children when playing with toys and participating in sensory play activities:

- Children **must** practice hand hygiene before and after playing with toys or participating in sensory play activities
- Playrooms **must** be provided with both ABHR and a designated handwashing sink (IPAC sink)
- Toys **must** be maintained in good repair and inspected for damage. Damaged toys that compromise cleaning and disinfection **must** be discarded
- Toys **must** be easy to clean and be able to withstand frequent cleaning and disinfection
- Toys used for water-play **must** not retain water as they can provide an environment for bacterial/mold growth
- Toys that are mouthed or contaminated by body fluids **must** be cleaned and disinfected before being handled by another child.

<https://www.ontario.ca/laws/regulation/170493>

- Toy bins (for mouthed toys) **must** be designated and clearly labelled for the storage of mouthed/dirty toys.
- Homemade playdough and slime, due to its high moisture content, is more likely than store-bought playdough/slime to harbor and allow the growth of microorganisms. Used homemade playdough and slime **must** be discarded daily. Unused homemade playdough/slime **may** be stored in the refrigerator for up to one week.
- Store-bought playdough/slime **must** be discarded according to manufacturer's recommendations
- Sensory play bins that contain dry materials **must** be cleaned and disinfected after they are dumped and before replenishing
- Water play bins **must** be drained, cleaned, and disinfected after each session. Choose water play bins that are easy to move, drain, clean and disinfect
- Individual sensory play bins **must** be used when appropriate, such as when children are showing signs of illness (e.g., runny nose)
- Toy storage cupboards **must** be emptied, cleaned and disinfected as necessary.
- Toy storage areas **must** be monitored for pest activity
- Indoor play structures (e.g., playhouses/climbers) **must** be cleaned and disinfected as often as necessary. A thorough cleaning of the entire play structure **must** be done according to schedule. Frequency of cleaning is determined by the age group using the play structure
- Electronic devices **must** be cleaned and disinfected between users

The following sensory play materials **must not** be used:

- Sand, gravel and other soiled materials obtained from outdoor locations
- Used meat trays, egg cartons, and toilet paper rolls
- Manure or other products containing possible fecal matter or chemicals

## Sleep Equipment and Arrangements

Children may be scheduled for sleeping periods at childcare centers as part of the daily routine. It is important to ensure this activity is carried out in a sanitary manner.

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### Key Points

Children **must** be placed in a sleeping arrangement that minimizes the spread of respiratory infections (i.e., head to toe)

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Sleep equipment **must** be labelled and assigned to a single child

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Sleep equipment **must** be cleaned and disinfected before being reassigned

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Cots/Crib mattresses **must** be made of a cleanable material

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Crib mattresses **must** be cleaned and disinfected when contaminated (soiled or wet)

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Cots must be cleaned and disinfected weekly and as necessary (e.g., when soiled)

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Sleeping equipment and bedding **must** be stored in a manner to prevent contamination (e.g., avoid contact with mats/bedding used by another child)

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Bedding (sheets and blankets) **must** be assigned to each child and laundered weekly, or more frequently when soiled or wet

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## Laundry

Improper laundering of bedding materials used in child care centres may increase the risk of disease transmission. Items such as bed sheets can harbor microorganisms that grow well in a moist and warm environment. However, disease transmission is rare if bedding materials are handled and laundered in a sanitary manner (PIDAC, 2012). The following actions are necessary to reduce the risk of disease transmission associated with improper laundering of bedding materials. Child care centres **must** ensure the following:

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<b>Key Points</b>	Policies and procedures include directions for the collection, transport, handling, washing, and drying of soiled items
	Children's personal belongings (e.g., coats, hats, and shoes) are stored separately, such as in individual cubbies
	Soiled clothing is sent home for cleaning (do not rinse; roll and place items in a sealed plastic bag; solid stools are disposed of in the toilet prior to bagging clothes)
	Soiled items are kept separate from clean items in a covered container/bag
	Bedding (sheets and blankets) are assigned to each child and are laundered weekly or more frequently when soiled or wet
	Cloth bibs are kept in a sanitary manner and laundered as necessary
	Laundry is done in a separate area from the kitchen

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For new or renovating premises, the WECHU requires laundering facilities to be separate from any food preparation area. A utility sink should be installed in the laundry area.

## Carpets and Floor Mats

Carpets and floor mats can be more heavily contaminated for prolonged periods than non-carpeted floors and can be a potential source of microorganisms during outbreaks.

Child care centres that use carpets and floor mats **must** ensure that policies and procedures outline routine cleaning practices that include, at a minimum, the following components:

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**Key Points**      Carpets/floor mats are cleaned as often as necessary and promptly if a spill occurs

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Shampoo/steam clean carpets in infant rooms every 3 months

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Shampoo/steam clean carpets in non-infant rooms every 6 months

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If carpets do not appear to be adequately cleaned, re-cleaning is necessary or replacement **must** be considered

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Floor mats that cannot be adequately cleaned and disinfected should be promptly removed and replaced

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## Expressed Breast Milk (EBM)

Expressed breast milk (EBM) is a bodily fluid and may contain microorganisms from the mother or from other sources. EBM is not sterile, and it is important to ensure proper temperature control and handling. Improper handling of EBM may result in contamination with microorganisms that can cause infections such as MRSA, Group B streptococcus, *Klebsiella pneumonia*, and *Pseudomonas* species (PIDAC, 2015). Feeding the incorrect EBM to an infant or child can potentially lead to the transmission of disease; so labelling containers and supervision during feeding are important measures to avoid unintended consumption.

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**When handling, preparing and dispensing EBM, child care operators:**

**Shall** store EBM in a refrigerator at a temperature of 4° Celsius or colder, until used

**Shall** thaw frozen EBM in a refrigerator and ensure it is used within 24 hours. Do not use a microwave to thaw EBM

**Shall** ensure bottles and containers are properly labelled (date, name of infant/child and name of mother)

**Shall** supervise children drinking EBM from a cup to prevent unintended consumption by other children. Discard any left-over EBM not consumed by the child

**Must** apply Routine Practices when handling EBM

**Must** practice hand hygiene before and after handling EBM

**Must** wear gloves while handling EBM (e.g., dispensing into a cup or from a container)

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**Note:** Contact the WECHU Infectious Disease Prevention Department, at 519- 258-2146 ext. 1420, if a child consumes EBM intended for someone else.

## Gardening

When planning a garden, it is important to consider previous and current land use practices of neighbouring properties in the immediate area.

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**Some actions to consider include:**

Identify sources of potential soil contamination

Build a raised bed garden (child sized plots) or use planters or pots

Protect soil from animals (e.g., wire mesh, fencing)

Use pasteurized garden soil or compost

Wash hands after gardening

Wash produce thoroughly

Peel root vegetables before you eat them

Eliminate stagnant water to prevent mosquito breeding sites

## Pest Control

Pests such as mice, rats, and cockroaches pose a potential health risk as they are known to carry disease and can trigger or worsen asthma symptoms in some individuals. Every child care centre **must** implement and follow an integrated pest management (IPM) program. An IPM consists of a multi-pronged approach which focuses on pest prevention. Core principles of an IPM involves eliminating pests' access to food, water, and shelter (College of Agricultural Sciences, 2015).

<b>Key Points</b>	Operators <b>must</b> ensure that adequate pest control is provided
	Operators <b>must</b> notify/consult a licensed pest control operator if any pest activity is observed on the premises
	Operators <b>must</b> follow the IPM principles of eliminating pests' access to food, water and shelter
	Cleaning all rooms (especially food preparation areas), closets, cupboards and storage areas regularly
	Inspecting the exterior structure of the building. Eliminate pest access into the building by repairing/replacing screens or by plugging holes, cracks and other entryways
	Addressing structural issues inside the facility
	Ensuring clutter and accumulation is reduced inside and outside the facility to eliminate places where rodents/vermin can live
	Ensuring food and sensory play materials (e.g., dried pasta) are stored in labelled plastic containers with tight fitting lids
	Monitoring for pest activity such as live or dead rodents/vermin and/or their feces
	Ensuring that pest control reports are made available to the Public Health Inspector upon request
	Documenting dates/times of pest control services provided

## Visiting and Resident Animals

Interaction with animals can provide a valuable learning experience for children. However, bringing animals and children together has potential risks. Infants and children, particularly those less than 5 years of age, have an increased risk of infection that can cause serious illness. This is due to their developing immune systems and frequent hand-to-mouth activities. Child care operators and other adults may also be at increased risk. These risks include exposure to zoonotic diseases (e.g., *Salmonella* and *E. coli*), injuries (e.g., bites, bruises, and scratches), and allergies. Zoonotic diseases are transmitted from animals to humans through direct and indirect contact. Visiting and resident animals may be a source of a number of zoonotic diseases from pathogens such as bacteria, viruses, parasites, and fungi.

Dogs, cats, rabbits, birds, rodents (e.g., mice, hamsters, rats, gerbils, guinea pigs) and fish are permitted in child care centres. In order to prevent injury or illness to children and staff:

- Dogs and cats must be fully immunized against rabies
- Dogs and cats **must** be up-to-date with any other applicable vaccinations and medications and be on a flea, tick, and intestinal parasite control program
- Animals **must** have an appropriate temperament to be around children and show no signs of disease

## Animals Not Recommended for Child Care Centres

The following animals are not recommended for children and **must** not be housed in or allowed to visit any child care centre:

- Pet birds (e.g., budgies, parakeets)
- Exotic animals (e.g., hedgehogs, monkeys)
- Wild/stray animals (e.g., bats, raccoons, stray dogs or cats, squirrels)
- Inherently dangerous animals (e.g., lions, cougars, bears)
- Venomous or toxin-producing animals (e.g. venomous or toxin producing spiders, insects, reptiles and amphibians)
- Ill animals or animals under medical treatment
- Young animals (e.g., puppies and kittens less than 1 year old)
- Animals that have been fed raw or dehydrated foods, chews, or treats of animal origin within the past 90 days
- Birthing or pregnant animals
- Animals from shelters or pounds unless they have been in a stable home for at least 6 months
- Aggressive animals

- Animals in estrus (i.e., animals in heat)
- Rabies reservoir species (i.e. bats, skunks, raccoons, foxes)

### **Animals Not Recommended for Children Under Five Years of Age**

The following animals are not recommended for children less than five years of age and **must** not reside in or visit facilities that share staff or programming areas with children under five years of age:

- Reptiles (e.g., turtles, snakes and lizards)
- Amphibians (e.g., frogs, toads, and salamanders)
- Live poultry (e.g., chicks, ducklings and goslings)
- Ferrets
- Farm animals (e.g., calves, goats and sheep)

### **Visiting Animals**

Child care centre operators **must** collect and record the following information for visiting animals (e.g., indoor/outdoor travelling animal shows):

<b>Key Points</b>	Date of visit
	Informed consent from parents/guardians for animal activities
	Name and contact of animal owner(s)
	Animal(s) name and species
	Proof of animal health documentation. Refer to <i>Appendix 2.B Veterinary Care Statement for Animals Visiting Child Care Centres</i> in Recommendations for the Management of Animals in Child Care Settings, (2018)
	Description of the group of children/room(s) visited and any additional guests in attendance

These records should be kept on-site for one year and made available to Public Health Inspectors or parents/guardians who may request them. Reference:  
<https://files.ontario.ca/moh-ophs-ref-recommendations-management-animals-child-care-settings-2018-en.pdf>

## Resident Animals

Child care centre operators may choose to house an animal in their centre. Child care centres **must** develop a resident animal care plan which consists of the following components:

<b>Key Points</b>	Staff members responsible for providing care for the resident animal, including times when the child care centre is closed
	The animal's daily requirements, including feeding and exercise
	Daily health screening of the animal for signs of infection/injury
	Animal bathing and cleaning requirements
	Enclosure cleaning/disinfection schedule and procedure
	Designated location for the animal enclosure (separate from children's eating and sleeping areas)
	Contact number for the veterinarian
	Annual completion of <i>Veterinary Care Statement for Resident Animals in Child Care Centres</i> . Refer to appendix 2.A in Recommendations for the Management of Animals in Child Care Settings, (2018)

## Reference:

<https://files.ontario.ca/moh-ophs-ref-recommendations-management-animals-child-care-settings-2018-en.pdf>

## Infection Prevention and Control Recommendations Involving Animals

### Cleaning, Disinfecting and Storing Animal Enclosures

Store animal enclosures appropriately to prevent cross contamination and reduce the risk of disease transmission. Animal enclosures:

- **Must** be kept separate from food preparation/children's eating areas
- **Must** be kept separate from sleep equipment/children's sleeping areas

<b>Key Points</b>	Assemble all required cleaning and disinfecting supplies
	Put on gloves and protective outer garments (e.g., apron)
	Remove animals to a temporary holding area
	Dispose of food, droppings, bedding material, etc. in a garbage bag
	Clean animal enclosures, food containers, toys, etc. with soap and water, using a scrub brush to remove dirt. Rinse thoroughly with fresh water.
	Sinks used for food preparation and sinks used by children <b>must</b> not be used for cleaning animal enclosures and related items
	Disinfect items with appropriate product following manufacturer's instructions
	Rinse items thoroughly, if needed to remove chemical residue, and dry
	Use fresh bedding material, food, water, etc. when preparing the enclosure and before returning the animal to the enclosure
	Clean and disinfect area(s) surrounding the enclosure and the animal's temporary holding area
	Sinks used during the cleaning <b>must</b> also be cleaned and disinfected after use
	Discard single-use gloves or clean and disinfect reusable rubber gloves
	Perform hand hygiene

## **Child and Animal Interactions**

The following procedures are necessary to prevent injury or illness, and ensure safe interactions between children and animals:

- Operators **shall** report animal bites immediately to WECHU by calling (519) 258-2146 ext. 4475 during business hours, or after hours, (519) 973-4510
- Operators **must** be educated as to which animals are permitted
- Operators **must** supervise all contact between animals and children
- Operators **must** teach children humane and safe procedures to follow when in close proximity to animals. These include:
  - Treating animals gently and calmly. Never hurt, tease, frighten, surprise, or corner an animal
  - Avoid chasing and/or kissing animals
  - Never disturb an animal that is eating or sleeping
- All children and staff who handle animals **must** practice hand hygiene (wash hands or use alcohol-based hand-rub) after contact with animals, their feed, toys, bedding and/or their environment
- Children should avoid touching animal food and feces
- Children should avoid eating or touching their face during and after animal contact
- Animals **must** be housed within some barrier (e.g., enclosure) that protects the children
- Animals **must** be prohibited from entering food preparation areas

## **Management of Outbreaks**

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The two most common types of illnesses that lead to outbreaks in a child care centre are **gastro-intestinal illnesses** and **respiratory illnesses**. This section will breakdown the difference between them and explain the role of the child care centre and the public health unit.

### **Gastro-intestinal (GI) Illness**

Gastro-intestinal illness (GI) is a general term referring to inflammation or infection of the gastrointestinal tract, primarily the stomach and intestines. GI illnesses can be caused by microorganisms such as harmful bacteria, viruses, parasites, or by the toxins produced from certain bacteria. Symptoms can occur very quickly (sudden onset) and normally it lasts fewer than 10 days and is self-limiting. It is often called the “stomach flu” even though it is not related to influenza.

**GI illnesses** are responsible for most child care centre outbreaks. Symptoms may include:

- Diarrhea
- Vomiting
- Headache
- Abdominal Pain
- Fever

These symptoms may occur in any combination depending on the type of pathogen.

#### **Viral Gastroenteritis**

There are common GI illnesses caused by viruses that are very contagious, and can be passed from person to person by direct contact or indirect contact from surfaces and objects. These GI viruses include:

- Norovirus
- Rotavirus
- Adenoviruses

Viral gastroenteritis usually runs its course in one to two days. However, a health care provider should be consulted if symptoms last longer than three days or become more severe. Children infected with viral gastroenteritis often vomit more than adults. Viral gastroenteritis is very

contagious from the moment symptoms begin and can still be spread until two days after symptoms stop.

#### *How do GI viruses spread?*

GI viruses are spread from the transfer of infected stool and vomit by the fecal oral route (infected stool or vomit ingested by a person). They are spread through the following ways:

- Eating food or drinking liquids contaminated with the virus.
- Touching surfaces or objects contaminated with the virus.
- Caring for someone with the viral illness.
- Sharing foods or eating utensils with someone who is infected.
- Changing diapers of children with viral gastroenteritis.

#### **Bacterial or Parasitic Gastroenteritis**

Gastroenteritis is assumed to be caused by the ingestion of contaminated food or water until proven otherwise. Some harmful microorganisms that cause illness are:

- Salmonella
- Shigella
- Giardia
- Campylobacter
- E. Coli
- Cryptosporidium

## **Identifying an Outbreak**

An outbreak occurs when there is an increase of similar illness in children and/or staff in the child care centre at a particular time. When a child is identified with a communicable disease after attending the child care centre, the staff must be watchful for another ill child in the next 48 hours. Look for common symptoms or similar cases, and if there is a possibility of increased illness, report the illness to the WECHU by calling **519-258-2146 ext. 1420** (after hours, weekend and holiday reporting: 519-973-4510). The health unit will follow the case definition and outbreak definition to declare the outbreak.

If a child care centre has >20% absenteeism (children and staff), or if there is a concern of high absenteeism in a cluster/classroom, complete the online [School and Childcare Centre Absenteeism Reporting Form](#).

## **Definition of a GI Outbreak**

An outbreak can be suspect or confirmed and is defined as follows:

### **Suspect Outbreak**

- If an outbreak is suspected, notify the WECHU to support with investigation and management.

### **Confirmed Outbreak**

- Two or more cases meeting the case definition (as described below) with a common epidemiological link (e.g. specific room or group) with initial onset within a 48-hour period.

When reporting to the health unit, the following information will be required:

- Symptoms of illness
- Number of children ill
- Total number of children registered at the child care centre
- Number of staff ill
- Total number of staff
- Area of the child care centre that is affected
- Date and time of onset of first case
- Duration of illness
- Any admissions to a hospital
- Menu from the last week
- Availability of food samples
- Field trips or unusual activities in the last week

To help your child care centre keep track of ill children and staff, you will need to create a line list. This information will help the health unit to assess the extent of the potential outbreak. It is very important to be clear and accurate when completing the line lists.

## **Case definition of a gastrointestinal illness**

The case definition in an outbreak is dependent on the presenting signs and symptoms and circumstances. It may vary between outbreaks and also vary during an outbreak. Symptoms must not be attributed to another cause (e.g. medication side effects, laxatives, diet or prior

medical condition) and are not present or incubating upon admission and at least one of the following must be met:

- Two or more episodes of loose/watery bowel movements within a 24-hour period.  
OR
- Two or more episodes of vomiting within a 24-hour period.  
OR
- One or more episodes of loose/watery bowel AND one episode of vomiting within a 24-hour period.  
OR
- Laboratory confirmation of a known gastrointestinal pathogen and at least one symptom compatible with gastrointestinal infection – nausea, vomiting, diarrhea, abdominal pain or tenderness.

#### **Case definition of a respiratory outbreak**

A respiratory outbreak may be declared when there are two or more children or staff, who are connected in the same child care setting, with similar signs and symptoms that:

- Occur within 48 hours in the centre, or
- When the number of ill staff / children exceeds what is normal in the child care centre within a short period of time

Typical symptoms of respiratory illness are:

- Fever
- Cough
- Runny nose
- Congestion (nasal and/or chest)
- Generally unwell
- Behaviour changes, such as not able to participate in normal activities
- Joint or muscle pain

#### **Case definition of a respiratory illness**

The WECHU will work with the child care centre to determine if the illness in children and/or staff meets the case definition of another type of respiratory illness.

## Surveillance and Line Lists

- Monitor the facility for ill children and staff.
- Isolate/exclude ill children and staff as directed by the health unit
- Send ill children and staff home to prevent further spread.
- Fax the **Facility Outbreak Line List(s)** **daily by 10 am** to the health unit at 519-977-5097.



Download the most up-to-date line list:

- [Facility Outbreak Line List](#)

[www.wechu.org/outbreaks](http://www.wechu.org/outbreaks)

## Maintaining Line Lists

Line lists are used to track ill staff and children on a daily basis. Use the line list for monitoring illness in staff and other children. It is very important to write clearly and accurately when documenting on the line list.

1. Complete the line list each day and provide the most current information received that morning. Fax to the health unit by 10 a.m. daily.
2. Record the names of the ill children or staff in chronological order based on the onset date.
3. New cases must be added under the previous cases.
4. Continue to fill out the outbreak line listing with new ill children and staff if they meet the case definition provided by the health unit.
5. Document the last day the ill individual was present in the building and when they return to the centre.
6. It is important to emphasize to the parents/guardians that their children should not return to the child care centre until the child has been symptom-free for at least 48 hours.
7. Fax in a “No New Cases” line list if all children and staff are removed, or no symptomatic cases are identified during the outbreak.

***Please note: DO NOT remove anyone from the line list without first speaking to the WECHU.***

## Specimen Collection (Stool Samples for Enteric Illnesses)

Specimen collection and testing can be helpful with identifying the pathogen causing illness. When children or staff becomes ill with a gastrointestinal illness, the health unit will provide the child care centre with a stool kit and a set of instructions for parents/guardians. The stool sample will be examined by the Public Health Ontario Laboratory to identify the organism.

1. The health unit will provide stool kits with instructions for collecting samples.
2. The collected samples, along with the completed requisition forms, need to be dropped off at the Medical Laboratories of Windsor, LifeLabs, or Dynacare, as soon as possible (see Appendix).
  - Permission from the parent/guardian must be given before collecting specimen samples and releasing results
  - Include the **Outbreak Number** provided for suspect and confirmed outbreaks with a submitted sample
3. Remember that the ill child should not return to the child care centre until he/she has been symptom-free for at least 48 hours. This exclusion time may vary depending on the organism or by the direction of the Medical Officer of Health or designate.
4. Anyone who handles food in the child care centre should be interviewed for symptoms of illness. All symptomatic staff should submit a stool sample and must not return to work until they are symptom-free for at least 48 hours.
5. Healthy staff should be restricted to working in one room only and limit their interaction between rooms.
6. During an outbreak, symptomatic staff should not be reporting to work.
7. Reschedule any events such as child orientation, large gatherings, activities, or field trips that bring several classrooms together until the outbreak is declared over.

See COLLECTING STOOL SAMPLES resource in Appendix for information on specimen collection.

## Consultation with the Health Unit

The health unit will review the following during the outbreak investigation:

- Ensure cases meet outbreak definition and line lists are accurate for both staff and children.
- Surveillance is being conducted on a daily basis, and ill children and staff are excluded and sent home.
- Outbreak control measures are being implemented and maintained.
- Cleaning and disinfecting is done routinely.
- Supplies are used and replenished as needed.
- Hand hygiene and respiratory etiquette is promoted and practiced.

## Outbreak Communication

- Post outbreak signage on all entrances to the facility (in Appendices)
- Communicate with parents, volunteers, and staff
- Direct parents not to bring ill children to the facility
- Ensure adequate coverage for staff absenteeism
- Staff, parents, volunteers, and other stakeholders must be notified of the outbreak in order to respond appropriately.

## Exclusion of Ill Children and/or Staff

For the duration of an outbreak, ill children and staff are NOT permitted to attend the facility until the exclusion period is complete.

- Isolate ill children in a separate area until they can be sent home
- Staff should not come to work ill
- Follow exclusion criteria
- Limit movement of staff and children in facility (i.e., assign staff to specific areas)

### FOR ENTERIC OUTBREAKS:

Ill children and staff should not come into the child care centre until they are **48 hours** symptom free, or as directed by the health unit, depending on the suspected or confirmed organism.

**Ensure ill individuals do not come in contact with food items.**

## Increased Hand Hygiene

The best way to break the chain of transmission is to practice proper hand hygiene.

- Increase hand washing during outbreaks
- Assist and supervise children with hand washing
- Make sure hands are washed **before and after** activities such as:
  - Eating
  - Washroom use
  - Playing and activities
  - Going outdoors
  - Touching contaminated surfaces/items
  - Hand-to-mouth contact
- Use single-use gloves appropriately, when required
- Ensure there is adequate supply of:
  - Soap
  - Paper towels
  - Gloves and Alcohol-Based Hand Rub (ABHR) use 70%-90% ABHR

## Personal Hygiene

In addition to hand hygiene, personal hygiene plays an important role during an outbreak. Inadequate personal hygiene can transmit infectious diseases.

- Cough and sneeze into your elbow
- Wash hands before and after touching your face and clearing your nose
- Avoid touching your face with contaminated hands
- Wear clean clothing and change as required
- Do not eat or drink in food preparation areas, diaper change stations, or washrooms
- Personal items must be stored separately with no direct contact with another person's personal items
- Store personal hygiene items in a sanitary manner

## Enhanced Cleaning and Disinfecting

Contaminated surfaces can spread the germs that cause infections in child care centres. During an outbreak, there must be extra cleaning and disinfecting performed to stop the illness from spreading.

- Increase daily cleaning and disinfection (e.g. rooms, toys, toileting facilities, etc.)
- Cancel water play and sensory activities
- Do not use items that cannot be properly cleaned and disinfected (e.g. natural sensory items such as pine cones)
- Prevent children from sharing toys, dress-up costumes, plush items, etc.
- Switch to an outbreak-level disinfectant for the duration of the outbreak.
- Clean body fluid spills as soon as possible
- Once an outbreak is declared in your child care centre, it is important to clean and disinfect the common areas of the facility. Include commonly touched equipment and items as part of your enhanced cleaning and disinfecting routine.

Use your outbreak-appropriate disinfectant as directed by the health unit. Verify that your chemicals are not expired and handle them according to the manufacturer's instructions.

## **Declaring the Outbreak Over**

The health unit, under the direction of the Medical Officer of Health, will determine when the outbreak can be declared over.

The health unit will notify you that the outbreak is over when no new cases appear for a specific period of time, depending on the organism responsible. The child care centre will also receive a Rescind Advisory for the outbreak.

## **Outbreak Season Preparation Checklist**

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**Review the following items in preparation for the outbreak season:**

- Infection Prevention and Control and Outbreak Management in Child Care Centres Guide provided by the WECHU
- Resources – Outbreak signage
- Hand washing supplies – sufficient supply of soap and 70%-90% ABHR
- Personal Protective Equipment (PPE) – sufficient supply of gloves, masks, gowns, goggles
- Sufficient supply of environmental cleaning and disinfection products available
- Establish an Internal Outbreak Management Team –members from Administration, ECE, Cleaning, and Dietary that will meet daily during an outbreak
- Staffing Plan – A contingency plan is in place to ensure there is adequate staff coverage for absences or vacation during an outbreak
- Surveillance – There is a process in place that allows for daily identification and monitoring of children who experience illness, especially symptoms of gastrointestinal illness
- Training has been provided to staff regarding the following outbreak procedures:
  - Identifying suspected outbreaks in the centre
  - Method of reporting outbreaks
  - Completing line lists
  - Enhancing cleaning during outbreak
  - Cohorting and exclusion of ill children and staff during outbreak
  - Training on how to properly put on and take off PPE.
- The following Policies have been created, reviewed and updated:
  - For Staff:
    - Staff Immunization Policy
    - Exclusion Policy for non-vaccinated staff during outbreak
  - For Children:
    - Policy on how to collect and store child's immunization records during registration process.
    - Policy on how to manage children who have symptoms of illness including exclusion
    - Policy on how to notify/communicate with parents regarding illness and outbreak

**For Visitors:**

- Policy in place to notify visitors and/or cancel community activities in the centre during outbreak
- A plan to audit staff IPAC practices is in place

## Chemical Disinfectant Use and Concentration Chart

Review the following chart and confirm appropriate disinfectant use with your Public Health Inspector (PHI).

CHLORINE			
CHEMICAL	USE	CONCENTRATION	CONTACT TIME
Chlorine (5.25%-6.15% sodium hypochlorite)	<b>Norovirus Outbreak, Blood and body fluid spills</b> <ul style="list-style-type: none"> <li>• Disinfect pre-cleaned surfaces contaminated with blood or body fluids, including vomit and fecal matter</li> <li>• Disinfectant for general surfaces during a Norovirus outbreak</li> <li>• <b>As directed by the PHI</b></li> </ul>	5000 ppm Chlorine <u>Dilution:</u> 1:10 125mL bleach to 1L water	10 minutes
	<b>Outbreak</b> <ul style="list-style-type: none"> <li>• Outbreak disinfectant for general surfaces, including diapering and toileting stations, counters and sinks, toys and play areas, and other commonly touched surfaces</li> <li>• <b>As directed by the PHI</b></li> </ul>	1000 ppm Chlorine <u>Dilution:</u> 1:50 20mL bleach 1L water	1 minute
	<b>General</b> <ul style="list-style-type: none"> <li>• Daily disinfectant for general surfaces, including diapering and toileting stations, counters and sinks, toys and play areas, and other commonly touched surfaces</li> <li>• <b>As directed by the PHI</b></li> </ul>	500 ppm Chlorine <u>Dilution:</u> 1:100 10 mL to 1 L water	1-2 minutes
	<b>Kitchen/food contact surfaces</b> <ul style="list-style-type: none"> <li>• Follow the <a href="#">Ontario Food Premises Regulation 493/17</a>.</li> </ul>	100 ppm Chlorine <u>Dilution:</u> 1:500 2.5 mL to 1 L water	45 seconds + air dry

QUATERNARY AMMONIUM			
CHEMICAL	USE	CONCENTRATION	CONTACT TIME
Quaternary Ammonium Compounds  <i>Note: mouthed toys require a water rinse after disinfection with this product</i>	<b>Outbreak</b> <ul style="list-style-type: none"> <li>Disinfect pre-cleaned surfaces contaminated with blood or body fluids, including vomit and fecal matter</li> <li>Disinfect general surfaces during a Norovirus outbreak</li> <li><b>As directed by the PHI</b></li> </ul>	660 ppm <u>Dilution:</u> 1:128 30 mL to 3.8 L water  Or use a Ready-to-Use Product	5 minutes
	<b>General</b> <ul style="list-style-type: none"> <li>Daily disinfectant for general surfaces, including diapering and toileting stations, counters and sinks, toys and play areas, and other commonly touched surfaces</li> <li><b>As directed by the PHI</b></li> </ul>	<u>Dilution:</u> 1:256 15 mL to 3.8 L water  Or use a Ready-to-Use Product	3 minutes
	<b>Kitchen/food contact surfaces</b> <ul style="list-style-type: none"> <li>Follow the <a href="#">Ontario Food Premises Regulation 493/17</a>.</li> </ul>	<u>Concentration:</u> 200 ppm	45 seconds + air dry
Quaternary Ammonium with Low Alcohol Compounds	<b>Outbreak</b> <ul style="list-style-type: none"> <li>Disinfect pre-cleaned surfaces contaminated with blood or body fluids including vomit and fecal matter</li> <li>Disinfect general surfaces during a Norovirus outbreak</li> <li><b>As directed by the PHI</b></li> </ul>	<u>Active ingredients:</u> 0.76% Didecyldimethyl ammonium chloride 7.5% Ethanol 15.0% Isopropanol	1 minute

	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Daily disinfectant for general surfaces including diapering and toileting stations, counters and sinks, toys and play areas, and other commonly touched surfaces</li> <li>• <b>As directed by the PHI</b></li> </ul>	<u>Active ingredients:</u> 0.28% Diisobutylphenoxyethoxyethyl dimethyl benzyl ammonium chloride 17.20% Isopropanol	3 minutes
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HYDROGEN PEROXIDE			
CHEMICAL	USE	CONCENTRATION	CONTACT TIME
0.5% Accelerated Hydrogen Peroxide (AHP)	<p><b>Outbreak</b></p> <ul style="list-style-type: none"> <li>• Disinfect surfaces contaminated with blood or body fluids, including vomit and fecal matter</li> <li>• Disinfect general surfaces during a Norovirus outbreak</li> <li>• <b>As directed by the PHI</b></li> </ul>	Ready-to-Use Wipes/Liquid	1 minute
7% Hydrogen Peroxide Concentrate	<p><b>Outbreak</b></p> <ul style="list-style-type: none"> <li>• Disinfect surfaces contaminated with blood or body fluids, including vomit and fecal matter</li> <li>• Disinfect general surfaces during a Norovirus outbreak</li> <li>• <b>As directed by the PHI</b></li> </ul>	<u>Dilution:</u> 1:40 25 mL to 1 L water	5 minutes
4.25% Hydrogen Peroxide concentrate	<p><b>Outbreak</b></p> <ul style="list-style-type: none"> <li>• Disinfect surfaces contaminated with blood or body fluids, including vomit and fecal matter</li> <li>• Disinfect general surfaces during a Norovirus outbreak</li> <li>• <b>As directed by the PHI</b></li> </ul>	<u>Dilution:</u> 1:16 64 mL to 1 L water	5 minutes

4.25% Hydrogen Peroxide concentrate	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Daily disinfectant for general surfaces, including diapering and toileting stations, counters and sinks, toys and play areas, and other commonly touched surfaces</li> <li>• <b>As directed by the PHI</b></li> </ul>	<p><b>Dilution:</b>          1:64          16 mL to 1 L          water</p>	5 minutes
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## **Immunization**

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The [Child Care and Early Years Act](#) (CCEYA), Section 35 (1) of [O. Reg. 137/2015](#) (General) requires child care centres to collect and keep immunization information or a valid exemption for every child before admission to the centre. An exemption is required for a child who cannot receive immunization(s) due to medical reasons or whose parent requests an exemption due to non-medical reasons.

All licensed child care centres in Ontario are required to collect immunization information from the family of each child - prior to the child's admission to the child care centre. Parents and/or guardians are required to provide updated immunization records to the child care centre each time the child receives additional immunizations as they age. It is the child care centre's responsibility to develop and maintain policies to address immunization record keeping (or appropriate exemptions) for pre-school age children and all staff, volunteers, and students on an educational placement at their centre.

Child care centres are not required to collect immunization information for children that attend a publicly-funded school or private school. The schools are responsible for this.

### **Immunization Requirements for Children**

The Medical Officer of Health for Windsor and Essex County requires that every child attending a child care centre is immunized against the following diseases according to their age under [the Ontario's Publicly Funded Immunization Schedule](#): Diphtheria, Tetanus, Polio, Pertussis (whooping cough), Haemophilus influenza type b, Measles, Mumps, Rubella, Meningococcal conjugate (meningitis), Varicella (chickenpox), Pneumococcal conjugate 13, and Rotavirus.

Parents/guardians should be referred to their health care provider (e.g., pediatrician, family doctor, nurse practitioner), if they cannot find their child's updated immunization records.

### **Immunization Requirements for Staff**

Before starting employment, child care centre staff, volunteers, and students on an educational placement must be immunized according to [Ontario's Publicly Funded Immunization Schedule](#), endorsed by the local Medical Officer of Health (under Section 57 (1), O. Reg. 137/2015). The following table outlines the required vaccines for child care centre staff, volunteers, and students on educational placement and a description of the illness the vaccines protect against.

Required Vaccines	
Hepatitis B	Hepatitis B is an infection of the liver caused by a virus spread through body fluids. Persons infected with hepatitis B may not show symptoms or may experience mild symptoms like fever, joint pain, and headache. If untreated, long term infection can cause liver damage and liver cancer.
Measles, Mumps, Rubella (MMR)	<p>Measles is a very contagious disease caused by a virus spread through the air when an infected person breathes, coughs, or sneezes. A full body rash is the most visible symptom. Health complications that can result from infection: blindness, brain swelling, and severe breathing problems.</p> <p>Mumps is a viral illness spread through the saliva and mucus of an infected person. It causes puffy cheeks and a tender, swollen jaw resulting from swollen salivary glands.</p> <p>Rubella, commonly known as German Measles, is caused by a virus. Infection usually causes mild symptoms affecting the skin and lymph nodes. However, infection can cause serious health problems for unborn babies whose mothers become infected during pregnancy.</p>
Tetanus, Diphtheria, Pertussis (Tdap)	<p>Tetanus is a serious infection caused by bacteria. Infection causes painful muscle contractions often affecting the neck and jaw.</p> <p>Diphtheria is an infection caused by bacteria. Infection can lead to difficulty breathing, heart problems, and death.</p> <p>Pertussis, also called <i>“whooping cough”</i> is caused by bacteria. Infection affects the lungs and airways.</p>
Varicella	Varicella, also called <i>“chickenpox”</i> is caused by a virus and is very contagious. Infection is spread through the air, days before the blister-like rash may develop. It can lead to severe complications.

While the following vaccines are strongly recommended for child care centre staff, volunteers, and students on educational placement; each child care centre may choose to implement their own requirements for these vaccines.

<b>Strongly Recommended Vaccines</b>	
Seasonal Influenza	Influenza, also called “the flu” is a contagious respiratory infection caused by the influenza virus. It can cause mild to serious illness. Infection increases risks of developing serious health complications like difficulty breathing, chest pain, seizures can result in hospitalization, and death.
<b>COVID-19</b>	COVID-19 is a respiratory illness caused by the SARS-CoV-2 virus. It can cause mild to serious illness. Infection increases risks of developing serious health complications like blood clots, hospitalization, and death.

## **Immunization Exemptions**

If a parent/guardian of a child who cannot receive immunization(s) due to medical reasons or chooses not to immunize their child for non-medical reasons, or a staff member, volunteer, or student chooses not to be immunized against the diseases listed above, a valid exemption form must be obtained. The completed exemption form must be kept on file by the child care centre and a copy must be sent to the WECHU.

In the event of an outbreak or case of a vaccine preventable disease is identified (e.g., measles), children, staff, volunteers, and/or students who are not immunized may be restricted from attending the child care centre in order to minimize the risk of spreading the disease.

## **Understanding Risks**

For parents/guardians of child care registrants and/or employees, volunteers, and/or students who choose to delay or not vaccinate, there are some important responsibilities to consider.

- Diseases can spread even when no symptoms are showing.
- Look for early signs and symptoms of illness (e.g. fever, rash). If present, the child or staff, volunteers, and/or students should be sent home/to seek medical attention to prevent the spread of disease.

- Follow recommended isolation procedures to protect other children, especially infants, young children, pregnant women, and staff, volunteers, and/or students with poor immune systems.
- When visiting a doctor, emergency room, or medical clinic, parents/guardians, staff members, volunteers, and/or students should be advised to bring their immunization record and let the medical staff know their immunization status. Medical clinics may take precautions to prevent the spread of disease to others and this information may assist with determining what illness they are experiencing.
- For staff, parents, volunteers, and/or students who are pregnant, advise them to talk to their health care provider about the risks and other ways to protect themselves and their baby from vaccine preventable diseases (e.g., whooping cough, congenital rubella).

## **Glossary of Terms**

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**Additional precautions:** Precautions (contact precautions, droplet precautions, airborne precautions) that are necessary in addition to Routine Practices for certain pathogens or clinical presentations (e.g., respiratory symptoms). These precautions are based on how a disease-causing microorganism is transmitted (e.g., through direct contact, from droplets, airborne).

**Alcohol-based hand rub (ABHR):** A liquid, gel or foam formulation of alcohol (e.g., ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.

**Child Care Centre:** A premise operated by a person licensed under the Child Care and Early Years Act which provides programs and services that include learning, development, health and well-being of children.

**Cleaning:** The physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. Cleaning is accomplished with water, detergents and mechanical action.

**Communicable disease:** Illness caused by microorganisms that are transmitted from an infected person or animal to another person or animal.

**Communicable Disease Investigator:** A Public Health Inspector and/or Public Health Nurse who investigates and manages cases and outbreaks of disease of public health significance.

**Contamination:** The presence of an infectious agent in food or water, on hands, or on a surface such as clothes, gowns, gloves, bedding, toys, dressings or other inanimate objects.

**Detergent:** A synthetic agent that can emulsify oil and suspend soil when cleaning.

**Disinfectant:** A product that is used on surfaces or medical equipment/devices which results in disinfection of the equipment/device. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant. Disinfectants rapidly kill or inactivate most infectious agents. Disinfectants are only to be used to disinfect and should not be used as general cleaning agents, unless combined with a cleaning agent as a detergent-disinfectant. Skin antiseptics should never be used as environmental disinfectants (e.g., alcohol-based hand rub, chlorhexidine).

**Disinfection:** The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. See also, *Disinfectant*.

**Drug Identification Number (DIN):** In Canada, disinfectants are regulated as drugs under the *Food and Drugs Act* and Regulations. Disinfectant manufacturers have to obtain a drug identification number (DIN) from Health Canada prior to marketing, which ensures that labelling and supporting data have been provided and that it has been established by the Therapeutic Products Directorate that the product is effective and safe for its intended use.

**Fomites:** Inanimate objects in the environment that may become contaminated with microorganisms and serve as vehicles of transmission.

**Gastrointestinal outbreak:** For the purposes of this document, a gastrointestinal outbreak is defined as two cases (staff or children) experiencing gastroenteritis illness within 48 hours, in the same room.

**Hand hygiene:** A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub (ABHR).

**Hand washing:** The physical removal of microorganisms from the hands using soap from a dispenser and running water

**Incubation period:** The time elapsed from when a person is exposed to a disease-causing microorganism to when symptoms and signs of illness first appear.

**Infection:** The entry and multiplication of disease-causing microorganism in a host. Infected people may have clinical signs and symptoms of illness or have no symptoms (asymptomatic or sub-clinical infection).

**Infection Prevention and Control (IPAC):** Evidence-based practices and procedures that, when applied consistently, can prevent or reduce the risk of infection in clients/patients, care providers and visitors.

**Infectious agent:** A microorganism, i.e., a bacterium, fungus, parasite, or virus, which is capable of invading body tissues, multiplying and causing infection.

**Integrated pest management (IPM):** A Pest control method that incorporates education and awareness, proper waste management, structural maintenance, environmental cleaning and pesticide application when necessary.

**Low-level disinfection:** Level of disinfection required when processing equipment that is not invasive (e.g., diaper change pad) and some environmental surfaces. Equipment and surfaces should be thoroughly cleaned prior to low-level disinfection.

**Material Safety Data Sheet (MSDS):** A document that contains information on the potential hazards (health, fire, reactivity and environmental) and how to work safely with a chemical product. It also contains information on the use, storage, handling and emergency procedures all related to the hazards of the material. MSDSs are prepared by the supplier or manufacturer of the material.

**Personal protective equipment (PPE):** Clothing or equipment worn by staff for protection against hazards.

**Precautions:** Interventions to reduce the risk of transmission of microorganisms (e.g., child-to-child, child-to-staff, staff-to-child, contact with the environment, contact with contaminated equipment).

**Provincial Infectious Diseases Advisory Committee (PIDAC):** A multidisciplinary scientific advisory body which provides to the Chief Medical Officer of Health evidence-based advice regarding multiple aspects of infectious disease identification, prevention, and control. More information is available at: <https://www.publichealthontario.ca/en/About/External-Advisory-Committees/PIDAC-IPC>

**Respiratory etiquette:** Personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (e.g., covering the mouth when coughing, care when disposing of tissues).

**Routine practices:** The system of infection prevention and control practices recommended by PIDAC to be used with all clients/patients/residents during all care to prevent and control transmission of microorganisms in all health care settings. These are also applicable to child care centre settings.

**Surveillance:** The systematic ongoing collection, collation and analysis of data about illness with timely dissemination of information to those who require it in order to take action. The actions usually relate to the prevention of further illness and/or control of an outbreak.

**WECHU:** Windsor-Essex County Health Unit

**WHO:** World Health Organization

**Zoonotic Diseases:** A disease that can spread between animals and humans

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# Appendix

For printable versions of the resources in this Appendix, please visit our [Childcare Facilities](#) (<https://www.wechu.org/infectious-diseases/child-care-facilities>) webpage. Scroll to bottom of the page, under “Child Care Centres”, click “Forms” for Line Lists or “Downloadable Material” for posters.



# WASH YOUR HANDS OFTEN AND WELL



1

Remove jewellery and watch.  
**Wet hands with  
warm water.**



2

**Use lots of soap.**



3

**Scrub 20 seconds.**  
Clean wrists, palms, back of  
hands, and between fingers.



4

**Rinse with warm  
water.** Be sure not to  
touch the side of the sink.



5

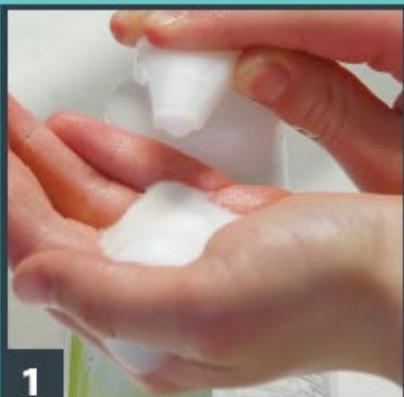
**Dry completely**  
with paper towel or with an  
air dryer.



6

Use a paper towel to turn  
off water and open door  
**to protect from  
recontamination.**





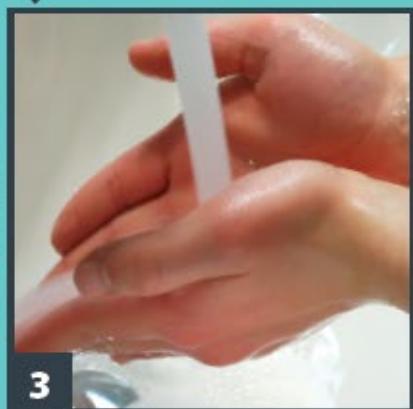
1

GET YOUR HANDS WET & USE LOTS OF SOAP.



2

RUB HANDS BACK AND FORTH FOR 20 SECONDS.



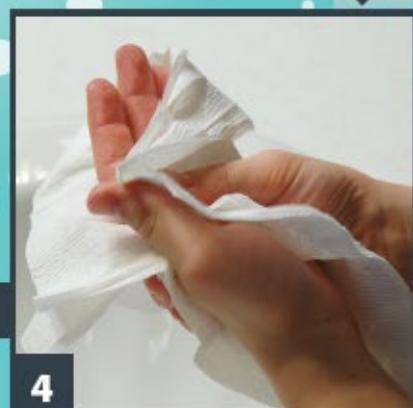
3

RINSE WITH warm water.



5

USE a Paper TOWEL TO TURN OFF water AND OPEN DOOR.



4

DRY HANDS WELL WITH Paper TOWEL or WITH an air dryer.



# HOW TO COUGH and SNEEZE PROPERLY



WHEN YOU COUGH OR  
SNEEZE **cover your  
nose and mouth  
with a tissue.**



THROW YOUR TISSUE  
**in the garbage.**



COUGH OR SNEEZE  
**in your elbow,**  
NOT YOUR HANDS, IF YOU  
DON'T HAVE A TISSUE.



**Wash your hands** WITH WARM WATER AND SOAP  
or USE **hand sanitizer** AFTER COUGHING OR SNEEZING.

**HELP PREVENT THE SPREAD OF GERMS**

# ATTENTION VISITORS

WE ARE  
EXPERIENCING AN  
OUTBREAK

## YOU MAY BE AT RISK OF BECOMING ILL.

Before entering please use hand sanitizer  
and speak to the staff in charge!



[www.wechu.org](http://www.wechu.org)

# DIAPERING ROUTINE



Adapted with permission from York Region Public Health.



[www.wechu.org](http://www.wechu.org) | 519-258-2146 | 1-800-265-5822

WINDSOR-ESSEX COUNTY  
**HEALTH UNIT**  
Bureau de santé de Windsor-Essex

# TOILETING ROUTINE

- 1** Gather needed supplies
- 2** Wash your hands. Put on disposable gloves
- 3** Remove and discard soiled disposable training pant
- 4** Place the child on the toilet/ potty chair
- 5** Clean child's bottom. Put on a new disposable training pant and dress the child
- 6** Remove soiled gloves. Wash your hands and then the child's hands. Return the child to a supervised area
- 7** Put on gloves. Empty contents from the potty chair into the toilet and flush. Clean and disinfect toilet seat insert/potty chair
- 8** Remove gloves and wash your hands
- 9** Store toilet seat insert/potty chair in a sanitary manner

Adapted with permission from York Region Public Health.



## COLLECTING STOOL SAMPLES

*Instructions for parents of children attending child care:*



Patient Information	
Health Card No.:	
Date of Birth (yyyy-mm-dd):	
Medical Record No.:	
Last Name (per health card):	
First Name (per health card):	
Address:	Postal Code:
City:	Tell:



1. Get a stool collection kit with 2 bottles (white and green lids) and "General Test Requisition" form from the child care centre.
2. Before collecting the stool (poop) sample, write your child's full name, date of birth, and date the samples were collected on the labels of BOTH bottles.
3. On the "General Test Requisition" form, fill out your child's information under "Patient Information" (see highlighted sections). Put the form in the front pocket of the bag provided.
4. Collect the stool sample from their diaper, a clean container (e.g. "potty") or, place a sheet of plastic wrap over the toilet bowl, leaving a slight dip in the centre to allow the stool to collect in the plastic wrap.
5. Unscrew the lid from each bottle. Place a stool sample into the white lidded bottle first, and then the green bottle. Using the spoon provided, collect any bloody or slimy/white (mucous) parts of the stool (if present) into the bottles. Do not overfill. In the green lidded bottle (that contains liquid), add stool until the liquid reaches the "FILL LINE". Mix the stool with the liquid.
6. Screw lids back onto the bottles, and place all bottles into the provided bag. Seal the bag.

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

8. Drop off the bag containing the samples and the filled out form to any location of the following laboratories as soon as possible:
  - a. Medical Laboratories of Windsor  
[www.medlabsofwindsor.com](http://www.medlabsofwindsor.com)
  - b. LifeLabs – [www.lifelabs.com](http://www.lifelabs.com)
  - c. Dynacare – [www.dynacare.ca](http://www.dynacare.ca)

**Note:** If you are unable to bring the sample to the lab immediately, refrigerate the bagged samples up to 24 hrs. Do not freeze.

# General Test Requisition

Public Health Ontario | Santé publique Ontario

ALL sections of the form must be completed by authorized health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that all testing requirements are met before collecting a specimen. For HIV, respiratory viruses, or culture isolate requests, use the dedicated requisitions available at: [publichealthontario.ca/requisitions](http://publichealthontario.ca/requisitions).

## Ordering Healthcare Provider Information

Licence No.:	Healthcare Provider Full Name:				
113577	Dr. Mehdi Aloosh				
Org. Name:	WECHU	Address:	1005 Ouellette Ave		
City:	Windsor	Postal Code:	N9A4J8	Province:	<input type="button" value="▼"/>
Tel:	(519) 258-2146	Fax:	(226) 783-2132		

## Copy to Lab / Health Unit / Other Authorized Healthcare Provider

Licence No.:	Lab / Health Unit / Other Authorized Provider Name:			
Org. Name:	Address:			
City:	Postal Code:	Province:	<input type="button" value="▼"/>	
Tel:	Fax:			

## Patient Setting

<input checked="" type="checkbox"/> Clinic / Community	<input type="checkbox"/> ER (Not Admitted / Not Yet Determined)	<input type="checkbox"/> ER (Admitted)
<input type="checkbox"/> Inpatient (Non-ICU)	<input type="checkbox"/> ICU / CCU	<input type="checkbox"/> Congregate Living Setting

## Testing Indication(s) / Criteria

<input checked="" type="checkbox"/> Diagnosis	<input type="checkbox"/> Screening	<input type="checkbox"/> Immune Status	<input type="checkbox"/> Follow-up / Convalescent
<input type="checkbox"/> Pregnancy / Perinatal	<input type="checkbox"/> Impaired Immunity	<input type="checkbox"/> Post-mortem	

Other (Specify):

## Signs / Symptoms

<input type="checkbox"/> No Signs / Symptoms	<input checked="" type="checkbox"/> Onset Date (yyyy-mm-dd):			
	<input type="checkbox"/> Fever	<input type="checkbox"/> Rash	<input type="checkbox"/> STI	
<input checked="" type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Meningitis / Encephalitis	

Other (Specify):

## Relevant Exposure(s)

<input type="checkbox"/> None / Not Applicable	Most Recent Date (yyyy-mm-dd):			
	Occupational Exposure / Needlestic Injury (Specify):	<input type="checkbox"/> Source	<input type="checkbox"/> Exposed	

Other (Specify):

## Relevant Travel(s)

<input type="checkbox"/> None / Not Applicable	Most Recent Date (yyyy-mm-dd):			
Travel Details:				

## For Public Health Ontario's laboratory use only:

Date Received (yyyy-mm-dd):  PHO Lab No.:

## Patient Information

Health Card No.:			
Date of Birth (yyyy-mm-dd):	<input type="text"/>	Sex:	<input type="radio"/> Male
Medical Record No.:	<input type="text"/>	<input type="radio"/> Female	
Last Name (per health card):			
First Name (per health card):			
Address:	Postal Code:		
City:			
Tel:			

Investigation / Outbreak No. from PHO or Health Unit (if applicable):

## Specimen Information

<input checked="" type="checkbox"/> Date Collected (yyyy-mm-dd):	<input type="text"/>	Submitter Lab No.:	<input type="text"/>
<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Serum	<input type="checkbox"/> Plasma	
<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> Cerebrospinal Fluid (CSF)	<input type="checkbox"/> Nasopharyngeal Swab (NPS)	
<input type="checkbox"/> Oropharyngeal / Throat Swab	<input type="checkbox"/> Sputum	<input type="checkbox"/> Bronchoalveolar Lavage (BAL)	
<input type="checkbox"/> Endocervical Swab	<input type="checkbox"/> Vaginal Swab	<input type="checkbox"/> Urethral Swab	
<input type="checkbox"/> Urine	<input type="checkbox"/> Rectal Swab	<input checked="" type="checkbox"/> Faeces	

Other (Specify type AND body location):

## Test(s) Requested

Enter each assay as per the [publichealthontario.ca/testdirectory](http://publichealthontario.ca/testdirectory):

1. Stool for Bacteria and Virus Testing
- 2.
- 3.
- 4.
- 5.
- 6.

For routine hepatitis A, B or C serology, complete this section instead:

<u>Hepatitis A</u>	<input type="checkbox"/> Immune Status (HAV IgG)	<input type="checkbox"/> Acute Infection (HAV IgM, signs/symptoms info)
<u>Hepatitis B</u>	<input type="checkbox"/> Immune Status (anti-HBs)	<input type="checkbox"/> Chronic Infection (HBsAg + total anti-HBc)
	<input type="checkbox"/> Acute Infection (HBsAg + total anti-HBc + IgM if total Ig is positive)	<input type="checkbox"/> Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
<u>Hepatitis C</u>	<input type="checkbox"/> Current / Past Infection (HCV total antibodies)	
	No immune status test for HCV is currently available.	

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(ii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-0D-SCG-1000, version 004 (September 2023).

Ontario 

**WINDSOR-ESSEX COUNTY  
HEALTH UNIT**

1005 Ouellette Avenue  
Windsor, Ontario N9A 4J8

[wechu.org](http://wechu.org)

519-258-2146

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