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 January 2023

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)

Table of Contents

This resource has been adapted with permission from Toronto Public Health.

Introduction

Children depend on knowledgeable and experienced staff to provide a safe and healthy environment for them. Child care centres can become a place where illnesses transmit easily between children and staff, resulting in enteric and respiratory outbreaks. It is the duty of each child care 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 to ensure high quality and effective IPAC in child care facilities. Public Health Inspectors (PHIs) from the Health Unit make site visits to child care facilities throughout the year to help with identifying 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. PHIs provide 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), child care 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 Child Care and Early Years Act, 2014, Section 36(1) 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 child care in each child care centre it operates and in each premise where it oversees the provision of the home child care before the child begins to associate with other children in order to detect possible symptoms of ill health***."

Furthermore, Section 36(2) of 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

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 are 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 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 before they occur.

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

Review the IPAC Measures section in this document (starting on page 10) 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 evidence, data and best practices

Required Policies and Procedures

1. COVID-19 Immunization Disclosure Policy

As announced on August 17, 2021, an immunization disclosure policy will be required for all licensed child care settings and other individuals frequently in these settings who may have direct contact with children, providers, and/or staff. This policy will be required for the 2021-22 school year.

Regular rapid antigen testing requirements will be in place for individuals who are not fully vaccinated against COVID-19. Individuals who do not intend to be vaccinated without a documented medical reason, will be required to participate in an educational session about the benefits of COVID-19 vaccination.

For more information on the development of a COVID-19 immunization disclosure policy, please review the Ministry of Ontario webpage: COVID-19: Vaccination Policy – implementation guidelines issued by the Ministry of Children, Community and Social Services and the Ontario resource guide for licensed child care centres: Resource Guide for Licensed Child Care: COVID-19 Immunization Disclosure Policy.

2. Managing Communicable Diseases 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 WEHCU
- Reference to an "Exclusion and Isolation/Cohorting" Policy and Procedure (described below).

A. 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 ^{o}C (99.5 ^{o}F) or greater, or 35.5 ^{o}C (95.9 ^{o}F) or less;
    - Gastrointestinal symptoms: 2 episodes of diarrhea, or 2 episodes of vomiting, or 1 episode of diarrhea and 1 episode of vomiting;
    - Respiratory symptoms, with fever;
    - Any unidentified rash;
    - Persistent pain

Any child of staff with **untreated head lice, pink eye, scabies, or ringworm** should be excluded until treatment has been started. Refer to the WECHU's *Guidelines to Communicable Diseases* section of this document for more information on common infections and exclusion procedures.

B. 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

C. 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 5000 parts per million chlorine bleach solution)
    - 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

Reporting possible **gastrointestinal outbreaks** to:

- Environmental Health 519-258-2146 ext. 2264
- 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)

D. Environmental Cleaning and Disinfecting Policy and Procedure

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, high chairs, 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

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
The ease of cleaning is an important consideration in the choice of materials used in your centre (PIDAC, 2012b). When choosing a cleaning agent consider the following: • Type of furniture and equipment in your facility • 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)	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: • Wear the appropriate personal protective equipment for the task • Clean in a progression from low-contact to high-contact surfaces and from top to bottom • If required, rinse surface(s) with clean warm water

Disinfection is completed after cleaning, and is the process of killing most disease-causing microorganisms on objects using chemical solutions.

CHOOSING A DISINFECTANT	USING A DISINFECTANT
Using a ready-to-use/pre-mixed disinfectant is ideal compared to mixing chemicals on site. When choosing a disinfectant consider products that are: • Easy to use (e.g., clear label instructions) • Non-toxic or non-irritating at mixed concentrations • Broad spectrum (destroys a variety of harmful microorganisms)	• Read and follow all manufacturer instructions before use • Wear appropriate personal protective equipment • 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 • Consider the type of microorganisms that can potentially be present on the surface to be

<table>
<tr>
<td>

Not affected by environmental factors (e.g., disinfectant remains active in the presence of different soils or contaminants; doesn't react negatively with other cleaning products)
Compatible with a wide range of materials (e.g., wood, leather, etc.)
Cost effective
Stable in concentrated or in diluted form, and therefore has a long shelf life

</td>
<td>

treated (e.g., surfaces exposed to blood, skin, other bodily fluids)
Use an appropriate disinfectant (i.e. type and concentration)
During an outbreak, ensure the disinfectant is a broad spectrum, and effective against norovirus
Mix daily in a clean bottle. Never top-up disinfectants (PIDAC, 2012a)
Label each disinfectant bottle appropriately
Do not dip a soiled cloth into the disinfectant solution (no 'double-dipping')
When using a disinfectant minimize mist when applying to avoid eye and respiratory irritation

</td>
</tr>
<tr>
<td colspan="2">
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)

</td>
</tr>
</table>

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

Washrooms	What To Do	
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 the 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 healthcare and institutional settings and **must** not be used (PIDAC, 2018).
b. **Hand washing with soap and 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 hand washing 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 hand washing sink **must** be equipped with the following:

- Running water (hot and cold)
- Liquid soap in a dispenser
- Paper towels
- "Hand Washing" 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).

Key Points	Gloves **must** be worn when it is anticipated that hands will be in contact with mucous membranes, broken skin, tissue, blood, body fluids, secretions, excretions, or contaminated equipment and environmental surfaces
	Gloves **must** be single-use only
	Hand hygiene **must** be practiced before putting on and after taking off gloves.
	Gloves **must** be removed immediately and discarded into a waste receptacle after each use
	Gloves should be appropriate for the type of activity

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.

Hand washing 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:
    - Designated hand washing sink supplied with:
        - Running water
        - Liquid/Foam soap in a dispenser
        - Paper towels
        - "Hand Washing" 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:

- Child care 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 Reference: 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 hand washing 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/mould 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 harbour 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 child care centres as part of the daily routine. It is important to ensure this activity is carried out in a sanitary manner.

Key Points	Children **must** be placed in a sleeping arrangement that minimizes the spread of respiratory infections (i.e., head to toe)
	Sleep equipment **must** be labelled and assigned to a single child
	Sleep equipment **must** be cleaned and disinfected before being reassigned
	Cots/Crib mattresses **must** be made of a cleanable material
	Crib mattresses **must** be cleaned and disinfected when contaminated (soiled or wet)
	Cots must be cleaned and disinfected weekly and as necessary (e.g., when soiled)
	Sleeping equipment and bedding **must** be stored in a manner to prevent contamination (e.g., avoid contact with mats/bedding used by another child)
	Bedding (sheets and blankets) **must** be assigned to each child and laundered weekly, or more frequently when soiled or wet

Laundry

Improper laundering of bedding materials used in child care centres may increase the risk of disease transmission. Items such as bed sheets can harbour 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, 2012b). 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:

Key Points	
	Policies and procesures 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

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:

Key Points	Carpets/floor mats are cleaned as often as necessary and promptly if a spill occurs
	Shampoo/steam clean carpets in infant rooms every 3 months
	Shampoo/steam clean carpets in non-infant rooms every 6 months
	If carpets do not appear to be adequately cleaned, re-cleaning is necessary or replacement **must** be considered
	Floor mats that cannot be adequately cleaned and disinfected should be promptly removed and replaced

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, 2012a). 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.

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)

Note: Contact the WECHU Infectious Disease 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.

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 involve eliminating pests' access to food, water, and shelter (College of Agricultural Sciences, 2015).

Key Points	Operators **must** ensure that adequate pest control is provided
	Operators **must** notify/consult a licensed pest control operator if any pest activity is observed in the premises
	Operators **must** 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 can be 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 **<u>any</u>** 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):

Key Points	Date of visit
	Name of animal owner(s)
	Owner contact information
	Animal(s) name and species
	Proof of animal health documentation. Refer to Appendix 2.B *Veterinary Care Statement for Animals Visiting Child Care Centres* in Recommendations for the Management of Animals in Child Care Settings, (2018)
	Description of the group of children/room(s) visited
	Any additional guests in attendance (e.g., volunteers, parents)

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: Recommendations for the Management of Animals in Child Care Settings, (2018)

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:

Key Points	
	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 *Veterinary Care Statement for Resident Animals in Child Care Centres.* Refer to appendix 2.A in Recommendations for the Management of Animals in Child Care Settings, (2018)

Reference: Recommendations for the Management of Animals in Child Care Settings, (2018)

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
- **Mus**t be kept separate from sleep equipment/children's sleeping areas

Key Points	
	Assemble all required cleaning and disinfecting supplies
	Put on gloves and protective outer garments (e.g., apron)
	Remove animal 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 **must** 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 **must** 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 **mus**t 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

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 Illness (GI)

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 Windsor-Essex County Health Unit by calling **519-258-2146 ext 2264**. (After hours, weekend and holiday reporting: 519-973-4510). The Health Unit will follow the case definition and outbreak definition to declare the outbreak.

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 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 (including COVID-19)

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 PHI,
- Send ill children and staff home to prevent further spread.
- Fax the **Enteric Staff and/or Child Line List* daily by 10 am** to the Health Unit 519-977-5097
    - *See sample line lists for children and staff in the appendices.*

Download the most up-to-date line lists:

- Enteric Child Care Centre Line List - Child
- Enteric Child Care Centre Line List - Staff

www.wechu.org/outbreaks

Maintaining Line Lists

Line lists are used to track ill staff and children on a daily basis. There are two separate line lists: one is for monitoring illness in staff and the other for children. It is very important to write clearly and accurately when documenting on these line lists.

1. Complete the line list each day and provide the most current information received that morning. Fax to the Health Unit by 11 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 will new ill children and staff if they meet the case definition provided by your PHI.
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. The individual can be removed from the line list only when they are symptom-free for 48 hours.
8. Fax in a “No New Cases” line list if all children and staff are removed, or no symptomatic cases are identified during the outbreak.

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. When the stool samples are collected, Health Unit staff will pick up the samples and send them to the Public Health Ontario Lab for testing.
    - 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

Your PHI 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 in to the child care centre until they are **48 hours** symptom free, or as directed by the PHI, 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 your PHI. 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.

Post Outbreak Communication

Child care centre staff are encouraged to complete and submit an anonymous electronic Post Outbreak Survey for any feedback and suggestions you may have for improvements in the WECHUs process, or additional support needs for your facility.

OUTBREAK SEASON PREPARATION CHECKLIST

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 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 CONCENTRATIONS CHART

Review the following chart and confirm appropriate disinfectant use with your PHI.

CHLORINE			
CHEMICAL	**USE**	**CONCENTRATION**	**CONTACT TIME**
Chlorine (5.25%-6.15% sodium hypochlorite)	**Norovirus Outbreak,** **Blood and body fluid spills** • Disinfect pre-cleaned surfaces contaminated with blood or body fluids, including vomit and fecal matter • Disinfectant for general surfaces during a Norovirus outbreak • **As directed by the PHI**	5000 ppm Chlorine Dilution: 1:10 125mL bleach to 1L water	10 minutes
	Outbreak • Outbreak disinfectant for general surfaces, including diapering and toileting stations, counters and sinks, toys and play areas, and other commonly touched surfaces • **As directed by the PHI**	1000 ppm Chlorine Dilution: 1:50 20mL bleach 1L water	1 minute
	General • Daily disinfectant for general surfaces, including diapering and toileting stations, counters and sinks, toys and play areas, and other commonly touched surfaces • **As directed by the PHI**	500 ppm Chlorine Dilution: 1:100 10 mL to 1 L water	1-2 minutes
	Kitchen/food contact surfaces • Follow the Ontario Food Premises Regulation 493/17.	100 ppm Chlorine Dilution: 1:500 2.5 mL to 1 L water	45 seconds + air dry

QUATERNARY AMMONIUM			
CHEMICAL	**USE**	**CONCENTRATION**	**CONTACT TIME**
Quaternary Ammonium Compounds *<u>Note:</u> mouthed toys require a water rinse after disinfection with this product*	**Outbreak** • Disinfect pre-cleaned surfaces contaminated with blood or body fluids, including vomit and fecal matter • Disinfect general surfaces during a Norovirus outbreak • **As directed by the PHI**	660 ppm <u>Dilution:</u> 1:128 30 mL to 3.8 L water Or use a Ready-to-Use Product	5 minutes
	General • Daily disinfectant for general surfaces, including diapering and toileting stations, counters and sinks, toys and play areas, and other commonly touched surfaces • **As directed by the PHI**	<u>Dilution:</u> 1:256 15 mL to 3.8 L water Or use a Ready-to-Use Product	3 minutes
	Kitchen/food contact surfaces • Follow the Ontario Food Premises Regulation 493/17.	<u>Concentration:</u> 200 ppm	45 seconds + air dry
Quaternary Ammonium with Low Alcohol Compounds	**Outbreak** • Disinfect pre-cleaned surfaces contaminated with blood or body fluids including vomit and fecal matter • Disinfect general surfaces during a Norovirus outbreak • **As directed by the PHI**	<u>Active ingredients:</u> 0.76% Didecyldimethyl ammonium chloride 7.5% Ethanol 15.0% Isopropanol	1 minute

	General • Daily disinfectant for general surfaces including diapering and toileting stations, counters and sinks, toys and play areas, and other commonly touched surfaces • **As directed by the PHI**	<u>Active ingredients:</u> 0.28% Diisobutylphenoxyethoxyethyl dimethyl benzyl ammonium chloride 17.20% Isopropanol	3 minutes

HYDROGEN PEROXIDE			
CHEMICAL	**USE**	**CONCENTRATION**	**CONTACT TIME**
0.5% Accelerated Hydrogen Peroxide (AHP)	**Outbreak** • Disinfect surfaces contaminated with blood or body fluids, including vomit and fecal matter • Disinfect general surfaces during a Norovirus outbreak • **As directed by the PHI**	0.5% AHP Ready-to-Use Wipes/Liquid	1 minute
7% Hydrogen Peroxide Concentrate	**Outbreak** • Disinfect surfaces contaminated with blood or body fluids, including vomit and fecal matter • Disinfect general surfaces during a Norovirus outbreak • **As directed by the PHI**	7% Hydrogen Peroxide <u>Dilution:</u> 1:40 25 mL to 1 L water	5 minutes
4.25% Hydrogen Peroxide concentrate	**Outbreak** • Disinfect surfaces contaminated with blood or body fluids, including vomit and fecal matter	4.25% Hydrogen Peroxide <u>Dilution:</u>	5 minutes

	• Disinfect general surfaces during a Norovirus outbreak • **As directed by the PHI**	1:16 64 mL to 1 L water	
4.25% Hydrogen Peroxide concentrate	**General** • Daily disinfectant for general surfaces, including diapering and toileting stations, counters and sinks, toys and play areas, and other commonly touched surfaces • **As directed by the PHI**	4.25% Hydrogen Peroxide <u>Dilution:</u> 1:64 16 mL to 1 L water	5 minutes

Immunization

The *Child Care and Early Years Act* (CCEYA), *Section 35 (1) of* O. Reg. 137/2015 (General) requires child care centres to collect immunization information or a valid exemption for every child before admission to the centre.

Immunization records must be collected from the parent/guardian for each child prior to admission to the child care centre, and must be updated each time the child receives additional immunizations as they age.

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 (MoH) 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 Rotovirus.

Reference website:
https://www.health.gov.on.ca/en/pro/programs/immunization/docs/Publicly_Funded_ImmunizationSchedule.pdf.

Parents/guardians should be referred to their pediatrician, family doctor, or nurse practitioner if they cannot find their child's updated immunization records. Failure of the parent/guardian to provide updated immunization records may result in the child being restricted from attending the child care centre.

Immunization Requirements for Staff

Before starting employment, child care centre staff must be immunized according to the recommendation made by the local MoH (under Section 57 (1), O. Reg. 137/2015). The child care centre must **collect** and **maintain** up-to-date staff immunization information on file at the facility.

Required Vaccines for Child Care Centre Staff	
Hepatitis B vaccine	Persons with hepatitis B may not show symptoms but can spread the virus through body fluids. For personal protection, all staff should be vaccinated.
Required Vaccines for Child Care Centre Staff	
Measles, Mumps, Rubella (MMR) **vaccine**	Measles is very contagious and can spread through the air even after the infectious person has left the room.
Diphtheria, Tetanus, Pertussis (Tdap) **vaccine**	Tetanus is naturally occurring in the soil. Pertussis, also called the "*100 day cough*" is very dangerous to young infants.
Varicella (chickenpox) **vaccine**	Chickenpox can spread through the air, days before the rash is present. It can lead to severe complications.
Seasonal Influenza vaccine	Staff working with children under 5 years of age are strongly encouraged to receive this vaccine each year.

Recommended Vaccines for Child Care Centre Staff	
COVID-19 Vaccine	Staff, volunteers and visitors are strongly encouraged to be fully vaccinated against COVID-19

Note: The Act does not require child care centres to collect or maintain records on students and volunteers. However, students and volunteers should be encouraged to receive these immunizations to protect themselves and children attending the childcare centre.

Immunization Exemptions

If a parent/guardian chooses not to immunize their child, or a staff member chooses not to be immunized against the diseases listed above; a valid exemption form must be obtained. Individuals may call the Health Unit at (519) 254-2146 ext.1222 to request an exemption package and complete a mandatory education session. The completed exemption form must be kept on file by the child care centre.

In the event of an outbreak or case of a vaccine preventable disease (e.g., measles), children and staff 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 child care registrants and/or employees who choose to delay or not vaccinate, there are some important responsibilities to consider.

1. Diseases can spread even when no symptoms are showing.

2. Look for early signs and symptoms of illness (e.g. fever, rash). If present, the child or staff should be sent home/to seek medical attention to prevent the spread of disease.

3. Follow recommended isolation procedures to protect other children, especially infants, young children, pregnant women, and staff with poor immune systems.

4. When visiting a doctor, emergency room, or medical clinic, parents/guardians and staff members should be advised to let the medical staff know the recommended vaccination they have chosen not to get. 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.

5. For staff and parents who are pregnant, advise they talk to their healthcare provider about the risks and other ways to protect themselves and their baby from vaccine preventable diseases (e.g., whooping cough, congenital rubella).

Guidelines for Common Communicable Diseases

INFECTION	SIGNS/SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
Common Cold *Virus*	Can occur 12 hours up to 14 days after exposure: • Runny or stuffy nose • Sneezing • Sore throat • Cough • Decreased appetite • Fever (with some colds)	24 hours before symptoms appear and 5 days after.	By touching an infected person or breathing in air from an infected person who is sneezing, coughing, or speaking. Can also be spread by touching contaminated surfaces.	Exclude if too ill (if fever present, excessive coughing and sneezing) to participate in activities.	No
Diarrheal Disease Include: Campylobacter, Salmonella, E.coli infection, Hepatitis A, Giardia, Norovirus, Rotavirus and other bacterial, viral and parasitic organisms	Commonly seen 1-5 days after exposure (varies for each organism): • Loose or watery stools • Pus or blood in stools • Nausea, vomiting, stomach aches • Fever • Loss of appetite	As long as organism is present in the feces (can vary depending on the organism).	Person-to-person by fecal-oral route. Easily spread as a result of poor hand hygiene practices and/or contact with surfaces such as toys that have been in contact with infected feces. Swallowing contaminated food or water.	Exclude until symptoms have stopped for 24 hours **OR** 48 hours after completion of antibiotics or anti-diarrheal medications. **Exclude at the direction of the Health Unit if child is ill with a Disease of Public Health Significance*.	Yes: Campylobacter, Salmonella, Hepatitis A (viral), Giardia. No (unless you suspect an outbreak): E.coli, Norovirus, Rotavirus

Guidelines for Common Communicable Diseases

INFECTION	SIGNS/SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
Influenza *Virus*	Commonly seen 1-4 days after exposure: • Sudden onset of fever and chills • Cough • Runny or stuffy nose • Sore throat • Generalized aches and pains • Loss of appetite • Feeling unwell and tiredness	24 hours before start of symptoms and up to 7 days after.	By touching an infected person or breathing in air from an infected person who is sneezing, coughing, or speaking. Can also be spread by touching contaminated surfaces.	Exclude until well enough to participate in activities.	Yes
Chickenpox (Varicella) *Virus*	Commonly seen 10 to 21 days after exposure: • Small red bumps all over the body, which may develop into itchy, fluid-filled rash that then becomes encrusted • Mild fever • Feeling unwell	1-2 days, but up to 5 days before onset of symptoms lasting until blisters are crusted over.	Person-to-person after contact with blisters or breathing air that an infected person has sneezed, coughed, or spoke into. Note: chicken pox can develop after contact with a person who has shingles.	Can return when blisters have crusted over. **Parents and staff (especially pregnant or immunocompromised persons) should be notified of chickenpox in the classroom. Pregnant women should consult their Health Care Provider promptly.**	Yes *Reporting forms on: wechu.org*

Guidelines for Common Communicable Diseases

INFECTION	SIGNS/SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
Cold Sore (Herpes Simplex Type 1) *Virus*	Commonly seen 2 days to 2 weeks after exposure: • Tingling sensation or itching at site of sore • Fever • Irritability • Painful ulcers in the mouth	1 week from onset of symptoms.	Person-to-person through contact with saliva from an infected person or contact with items that are wet with infected saliva (e.g. sharing eating utensils). The virus remains in the body and infections may reoccur.	Exclude if too ill to participate in activities. Avoid direct contact with lesions, sores, and saliva.	No
Fifth Disease (Parvovirus) *Virus*	Commonly seen 4-21 days after exposure: • Low-grade fever and cold-like symptoms (such as feeling unwell, muscle aches, and headache) • 7-10 days before rash appears • Intensely red facial rash (like a slapped cheek) spreading to the trunk, arms, hands, legs, and feet • Rash may reappear, 1-3 weeks later, if exposed to sunlight or heat	Several days before the start of a rash.	By touching an infected person or breathing in air from an infected person who is sneezing, coughing, or speaking. Touching your eyes, mouth, or nose with hands after touching contaminated hands, surfaces, or objects (e.g., drinking cups and utensils). Can spread through transfusion of blood or blood products. Mother to fetus transmission (rare).	Do not exclude if well enough to participate in activities.	No *Should advise pregnant staff and parents who may have had exposureto inform their Health Care Provider.*

Guidelines for Common Communicable Diseases

INFECTION	SIGNS/SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
Hand, Foot, and Mouth Disease (Coxsackievirus) *Virus*	Commonly seen 3-5 days after exposure: • Mild fever • Pain while swallowing • May have painful mouth ulcers • Rash that may look like small raised red spots or blisters that appears on the palms of hands, bottom of feet, and inside of mouth	During the first week of illness. The virus may still be present in the feces for several weeks or months after start of infection. The virus is not present for as long in respiratory secretions (1 to 3 weeks or less).	By touching an infected person or breathing in air from an infected person who is sneezing, coughing, or speaking. Touching your eyes, mouth, or nose with hands after touching contaminated hands, surfaces, or objects. Person-to-person by fecal-oral route (e.g., unwashed hands).	Exclude until child is well enough to participate in activities.	No

Guidelines for Common Communicable Diseases

INFECTION	SIGNS/SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
Hepatitis B *Virus*	Commonly seen 45 days and up to 6 months after exposure: Younger children usually do not have symptoms; if they do, it is usually mild and brief • Loss of appetite • Tiredness • Nausea and vomiting • Abdominal pain • Yellowing of whites of eyes and skin (jaundice), and darkening of urine • Rash • Joint pain	Weeks before symptoms to months or years after recovery from illness. May be infectious for life.	Person-to-person from infected blood and bodily fluid that enters a break in skin, wound, or mucus membrane (e.g., sharing contaminated needles, sexual contact). Mother to newborn transmission. It is not spread by water, food, or by casual contact.	No	Yes

Guidelines for Common Communicable Diseases

INFECTION	SIGNS/SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
Impetigo *Bacteria*	Commonly seen 4-10 days after exposure, but may not occur until several months after: • Cluster of red bumps or blisters that may ooze and become encrusted usually around the mouth, nose, or exposed parts of the body (arms and/or legs) • Breaking open the pustules can promote spread of infection • Can be itchy	As long as pus from the blisters continues to ooze, but the risk of transmission is reduced 24 hours after starting antibiotics.	Person-to-person through direct skin contact with wounds or discharges from the infected area. Can also be spread by touching contaminated hands, surfaces, or objects.	Exclude until 24 hours after treatment has been started. Cover lesions on exposed skin with waterproof dressing when possible.	No
Measles *Virus*	Commonly seen 7-21 days after exposure: • Fever • Cough, runny nose • Red, watery eyes • Small red spots on the inside of the cheeks with whitish or bluish centres • Red, blotchy rash on face which then spreads over body •	4 days before and after rash appears.	**Highly contagious** and easily spread by touching or breathing in air from an infected person who is sneezing, coughing, or speaking. Can also be spread by touching contaminated surfaces.	Exclude at the direction of the Health Unit.	Yes

Guidelines for Common Communicable Diseases

INFECTION	SIGNS/SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
Mumps *Virus*	Commonly seen 16-18 days after exposure: • Muscle aches • Feeling unwell • Loss of appetite • Headache • Pain and swelling of salivary glands (below and in front of ear) • Some may have no symptoms	7 days before and up to 5 days after swelling of salivary gland begins. Note: Some may not have usual symptoms, but can still spread the virus.	By touching an infected person or breathing in air from an infected person who is sneezing, coughing, or speaking or contact with saliva through kissing or sharing food and drinks. Can also be spread by touching contaminated surfaces.	Exclude at the direction of the Health Unit.	Yes
Meningitis *Bacterial Viral* *Other causes*	Sudden onset of: • Severe headache, stiff neck • High fever • Vomiting • Drowsiness, confusion, loss of consciousness • Seizures • Skin rash, especially on hands and feet • Irritability, refusing meals, constant crying, unusual sleep patterns (newborns and infants)	Dependent on type of germ (bacterial, viral, or fungal)	By touching an infected person or breathing in air from an infected person who is sneezing, coughing, or speaking. Can also be spread by touching contaminated surfaces.	Remain at home until allowed to return by a Health Care Provider.	Yes

Guidelines for Common Communicable Diseases

INFECTION	SIGNS/SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
Pinkeye (Conjunctivitis) *Virus* *Bacteria*	Commonly seen 1-3 days after exposure: • Red or pink eyes • Swollen eyelids • Itching, irritated, and painful eyes • Lots of tears • Discharge from eye • After sleeping, the discharge forms dry, yellowish crusts on eyelashes	Until symptoms have resolved.	Person-to-person through contact with eye discharge from an infected person. Touching your eyes with contaminated hands or objects (e.g., mascara wands)	Exclude if untreated and symptomatic. If no fever or behavioural change, return to school 24 hours after the start of medical treatment.	No
Pinworm *Parasite*	Commonly seen 1-2 months or longer after exposure: • Itching around the anus (rectum) • Many infections occur without symptoms.	As long as the parasite deposits its eggs on the skin around the anus. Eggs can survive indoors for up to 3 weeks.	Person-to-person through fecal-oral route (e.g., unwashed hands). Touching your mouth with hands after touching contaminated hands, surfaces, or objects. Eggs survive on surfaces (e.g., bed linens, towels, toys, clothing, toilet seats, or baths).	No Child to see Health Care Provider for assessment.	No

Guidelines for Common Communicable Diseases

INFECTION	SIGNS/SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
Roseola (Sixth Disease) *Virus*	Commonly seen 9-10 days after exposure: • Sudden high fever (above 39.5°C) and lasts 3-7 days that can cause febrile seizures. • Red, raised rash (lasts hours to days) that appears when fever breaks (usually 4th day) • Some may not get a rash	Unknown	By touching an infected person or breathing in air from an infected person who is sneezing, coughing, or speaking. Touching your eyes, mouth, or nose with hands after touching contaminated hands, surfaces, or objects.	Exclude until child is well enough to participate in activities.	No
Rubella (German Measles) *Virus*	Commonly seen 16 to 18 days after exposure: • Whole body rash (red or pink) that usually starts on the face • Swollen glands behind the ears • Mild fever • Headache • Feeling unwell • Mild coughing, sneezing, and reddened eyes	1 week before and after rash appears.	By touching an infected person or breathing in air from an infected person who is sneezing, coughing, or speaking. Can also be spread by touching contaminated surfaces.	Exclude at the direction of the Health Unit.	Yes

Guidelines for Common Communicable Diseases

INFECTION	SIGNS/SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
Scarlet Fever (Streptococcus) *Bacteria*	Usually appear 1-3 days after exposure: • Fever • Sore throat and/or red tongue • Swollen glands • Red, sandpaper-like rash appearing most often on neck, chest, armpit, groin, elbow, and inner thigh	2-3 weeks after onset of infection. Generally not contagious 24 hours after start of treatment.	By touching an infected person or breathing in air from an infected person who is sneezing, coughing, or speaking. Person-to-person through direct contact with saliva, nasal, or wound discharges. .	Exclude until 24 hours after start of treatment.	No
Strep Throat (Streptococcus) *Bacteria*	Commonly seen 1-5 days after exposure: • Fever • Sore throat and/or red tongue and throat • Younger children may be irritable and have loss of appetite. • Swollen tonsils and glands	2-3 weeks after onset of infection. Generally not contagious 24 hours after start of treatment.	By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking. Person-to-person via direct contact with a person's saliva, nasal, or wound discharges. Swallowing contaminated food or water.	Exclude until 24 hours after start of treatment.	No

Guidelines for Common Communicable Diseases

INFECTION	SIGNS/SYMPTOMS	CONTAGIOUS PERIOD	HOW IT SPREADS	RECOMMENDED SCHOOL EXCLUSION	REPORTABLE DISEASE
Thrush (Candidiasis) *Yeast*	Whitish-grey patches in the cheeks, gums, and tongue	While symptoms are present.	Though person-to-person transmission occurs rarely, it can be spread through contact with secretions of mouth.	No	No
Whooping cough (Pertussis) *Bacteria*	Commonly seen 5-21 days after exposure: • Cold-like symptoms, including a mild cough • After 1-2 weeks, cough worsens with bursts of explosive coughing that can interrupt breathing, eating, and sleeping. • High-pitched whooping sound may occur when inhaling, commonly followed by vomiting.	Beginning of symptoms until 2 weeks after worsening cough begins.	By breathing in contaminated air from an infected person who is sneezing, coughing, or speaking. Direct contact with a person's saliva and nasal excretions.	Exclude until 5 days after start of antibiotics. **OR** Exclude for 3 weeks if no treatment is received after cough begins. People in contact with infected person may need antibiotics or a vaccine.	Yes

Glossary of Terms

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 premises operated by a person licensed under the Child Care and Early Years Act which provide 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 in 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/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC.aspx.

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

References

American Academy of Pediatrics, AAP (2018). *Red Book: 2018-2021 Report of the Committee on Infectious Diseases*, 31st edition.

Canadian Paediatric Society, CPS. (2015). *Well Beings: A Guide to Health in Child Care*, 3rd edition. Leduc, D., editor.

Canadian Paediatric Society, CPS. Caring for Kids website: https://www.caringforkids.cps.ca/.

College of Agricultural Sciences (2015). IPM for child care and early learning environments', *Penn State Extension* [Online]. Retrieved January 2022: https://extension.psu.edu/ipm-for-child-care-and-early-learning-environments

Ejemot-Nwadiaro, R., Ehiri, J., Meremikwu, M., & Critchley, J. (2008). Hand washing for preventing diarrhoea (Review). *The Cochrane Database of Systematic Reviews* (1).

Heymann, D.L., Editor. *Control of Communicable Diseases Manual*, 20th edition. American Public Health Association.

Laborde, D.J., Weigle, K.A., Weber, D.J., Kotch, J.B. (1993). Effect of fecal contamination on diarrhea illness rates in day-care centres. *Am J Epidemiol,* 138(4): 243-55.

Ministry of Education. *Child Care Centre Licensing Manual.* Retrieved January 2022: https://files.ontario.ca/edu-child-care-centre-licensing-manual-en-2021-04-21.pdf

Ministry of Health and Long-Term Care. *Ontario Public Health Standards, Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018.* Retrieved January 2022: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Immunization_Schools_Child_Care_Protocol_2018_en.pdf

Ministry of Health. *Ontario Public Health Standards, Infectious Diseases Protocol, 2020.* Retrieved January 2022: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/infectious_disease_protocol.pdf

Ministry of Health and Long-term Care. *Ontario Public Health Standards, Infection Prevention and Control Protocol, 2019.* Retrieved January 2022: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Infection_Prevention_And_Control_Protocol_2019_en.pdf

Ministry of Health and Long-term Care. *Ontario Public Health Standards, Infection Prevention and Control Disclosure Protocol, 2019.* Retrieved January 2022:

https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Infection_Prevention_and_Control_Disclosure_Protocol_2019_en.pdf

Ministry of Health and Long-term Care. *Ontario Public Health Standards, Institutional/Facility Outbreak Management Protocol, 2018.* Retrieved January 2022: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Inst_Fac_Outbreak_Protocol_2018_en.pdf

Ministry of Health and Long-term Care. *Ontario Public Health Standards, Recommendations for the Management of Animals in Child Care Settings, 2018*. Retrieved January 2022: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Recommendations_For_The_Management_Of_Animals_In_Child_Care_Settings_2018_en.pdf

Ministry of Health and Long-term Care. *Ontario Public Health Standards, Recommendations to Prevent Disease and Injury Associated with Petting Zoos in Ontario, 2011.* Retrieved on January 2022: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Petting_Zoos_2018_en.pdf

National Association of State Public Health Veterinarians Animal Contact Compendium Committee (2017). Compendium of Measures to Prevent Disease Associated with Animals in Public Settings, 2017. *JAVMA*, 251(11), pp. 1269-1292. Retrieved January 2022: https://avmajournals.avma.org/doi/pdf/10.2460/javma.251.11.1268

Government of Ontario. (2014). Child Care and Early Years Act. *Child Care and Early Years Act, S.O. 2014*. Retrieved January 2022: https://www.ontario.ca/laws/statute/14c11?_ga=2.186975599.614745616.1536246654-718005789.1431719140

Provincial Infectious Disease Advisory Committee, PIDAC (2018). *Best Practice Manual: Environmental Cleaning for Prevention and Control of Infections*, 3rd edition. Retrieved January 2022: https://www.publichealthontario.ca/-/media/documents/B/2018/bp-environmental-cleaning.pdf

Provincial Infectious Disease Advisory Committee, PIDAC. (2014). *Best Practices for Hand Hygiene in All Health Care Settings April 2014*, 4th edition. Retrieved January 2022: https://www.publichealthontario.ca/-/media/documents/B/2014/bp-hand-hygiene.pdf

Provincial Infectious Disease Advisory Committee. (2012a). *Infection Prevention and Control in Perinatology.* Retrieved January 2022: https://www.publichealthontario.ca/-/media/documents/B/2015/bp-ipac-perinatology.pdf

Provincial Infectious Disease Advisory Committee. (2012b). *Best Practice Manual: Routine Practices and Additional Precautions in All Health Care Settings 3rd Edition.* Retrieved January 2022. https://www.publichealthontario.ca/-/media/documents/b/2012/bp-rpap-healthcare-settings.pdf?sc_lang=en

Shope, T.R. (2014). Infectious diseases in early education and child care programs. Paediatric Rev *35* (5): 182-93.

Toronto Public Health. (2013). *From the Ground Up – Guide for Soil Testing in Urban Gardens.* Retrieved January 2022: https://www.toronto.ca/wp-content/uploads/2019/09/96a1-FromtheGroundUp_Guide-Soil-TestingOct2013.pdf

World Health Organization. (2009). *Guidelines on Hand Hygiene in Health Care*. Retrieved January 2022: https://www.who.int/publications/i/item/9789241597906

Appendix

For printable versions of the resources in this Appendix, please visit our Outbreaks (www.wechu.org/outbreaks) webpage. Scroll to bottom of the page, under “Child Care Centres”, click “Forms” for Line Lists or “Downloadable Material” for posters.

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

Fax line lists daily by **10:00 AM** to *519-977-5097*
until outbreak declared over by WECHU Phone:
519-258-2146 ext. 2264
After Hours: 519-973-4510

CHILD CARE CENTRE
ENTERIC LINE LIST - CHILD
SAMPLE

Name of Facility: Sunshine Child Care | **Outbreak # :** 2268 - 2022 - 001 | **Date:** 14 - Dec - 2022

Address of Facility: 123 Sunshine Lane, Windsor, ON N9E 1C7

Affected Area: Entire facility: ☐ OR Specific area: Toddler 1 | **# of Pages:** 1

Confirmed Outbreak: **2 or more children with** acute gastroenteritis with a common epi link (e.g., in a specific area or same caregiver/teacher) within **48 hrs.**

To include on the Line Listing, CHILDREN must have:
[1] **2 or more** episodes of loose/watery bowel movements within **24 hrs.**, OR
[2] **2 or more** episodes of vomiting within **24 hrs.**, OR
[3] **1 or more** episode of diarrhea, **AND 1 or more** episode of vomiting within **24 hrs.**

Case Definition: Please check all symptoms as defined by **WECHU.** Only place children on the line list that meet the case definition:
☒ **Nausea** ☒ **Vomiting** ☐ **Abdominal pain** ☒ **Diarrhea** ☒ **Abnormal Temp.**

Case Identification				Symptoms (check symptoms that apply)							Exclusion				
Name of Child	Age	Room Child Attends	Onset Date First Symptom (DD-MMM)	Record abnormal temp ≥ 37.5 or ≤ 35.5 °C	Nausea	Vomiting - indicate # of episodes e.g. X 2	Abdominal pain	Diarrhea - indicate # of episodes e.g. X 2	Last date child in centre (DD-MMM)	Stool specimen collection (DD-MMM)	Child remains at home (Y/N)	24 hours symptom free	48 hours symptom free	Hospitalization date (DD-MMM)	Date child returned to Centre (DD-MMM)
George Windsor	18	TD1	12 Dec	☐	☐	☒ 2	☐	☒ 1	12 Dec		Y	☐	☒		
Charlotte Windsor	24	TD1	13 Dec	☐	☒	☒	☐	☒ 1	13 Dec		Y	☐	☒		
Louis Mountbatten	19	TD1	12 Dec	☒	☐	☒ 1	☐	☒ 2	12 Dec		Y	☐	☒		
				☐	☐	☐	☐	☐				☐	☐		
				☐	☐	☐	☐	☐				☐	☐		
				☐	☐	☐	☐	☐				☐	☐		
				☐	☐	☐	☐	☐				☐	☐		

Children can only return to the child care centre when the exclusion criteria period is met (i.e. 48 hours symptom free for unknown causative agent for enteric)

Completed By: Catherine Middleton
(Print Name)

Faxed By: CM

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

Fax line lists daily by **10:00 AM** to *519-977-5097*
until outbreak declared over by WECHU **Phone:**
519-258-2146 ext. 2264
After Hours: 519-973-4510

CHILD CARE CENTRE
ENTERIC LINE LIST - STAFF
SAMPLE

Name of Facility: Sunshine Child Care	**Outbreak # : 2268** - 2022 - 001	**Date:** 14 - Dec - 2022
Address of Facility: 123 Sunshine Lane, Windsor, ON N9E 1C7		
Affected Area: ☐ Entire facility: ☒ OR Specific area: Toddler 1		**# of Pages:** 1

Confirmed Outbreak: **2 or more Staff with** acute gastroenteritis with a common epi link (e.g., in a specific area or same caregiver/teacher) within **48 hrs.**

To include on the Line Listing, STAFF must have:
[1] **2 or more** episodes of loose/watery bowel movements within **24 hrs., OR**
[2] **2 or more** episodes of vomiting within **24 hrs., OR**
[3] **1 or more** episode of diarrhea, **AND 1 or more** episode of vomiting within **24 hrs.**

Case Definition: Please check all symptoms as defined by **WECHU.** Only place staff on the line list that meet the case definition:
☐ **Nausea** ☒ **Vomiting** ☐ **Abdominal pain** ☒ **Diarrhea** ☐ **Abnormal Temp.**

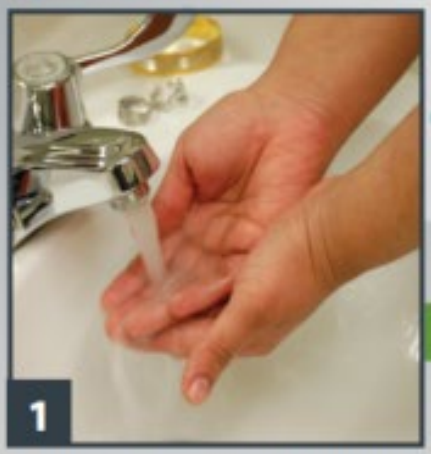
Case Identification				**Symptoms** (check symptoms that apply)						**Exclusion**				
Name of Staff Member	Work Assignment Area	Onset Date First Symptom (DD-MMM)	Last Day of Work (DD-MMM)	Record abnormal temp ≥ 37.5 or ≤ 35.5 °C	Nausea	Vomiting - indicate # of episodes e.g. X 2	Abdominal pain	Diarrhea - indicate # of episodes e.g. X 2	Stool specimen collection (DD-MMM)	Staff remains off work (Y/N)	24 hours symptom free	48 hours symptom free	Hospitalization date (DD-MMM)	Date returned to work (DD-MMM)
Janet Stevenson	Toddler 1	12 Dec	11 Dec	☐	☐	☒ 1	☐	☒ 2		Y	☐	☒		
				☐	☐	☐	☐	☐			☐	☐		
				☐	☐	☐	☐	☐			☐	☐		
				☐	☐	☐	☐	☐			☐	☐		
				☐	☐	☐	☐	☐			☐	☐		
				☐	☐	☐	☐	☐			☐	☐		
				☐	☐	☐	☐	☐			☐	☐		

Staff can only return to the child care centre when the exclusion criteria period is met (i.e. 48 hours symptom free for unknown causative agent for enteric)

Completed By: Catherine Middleton
(Print Name)

Faxed By: CM

WASH YOUR HANDS
OFTEN AND WELL

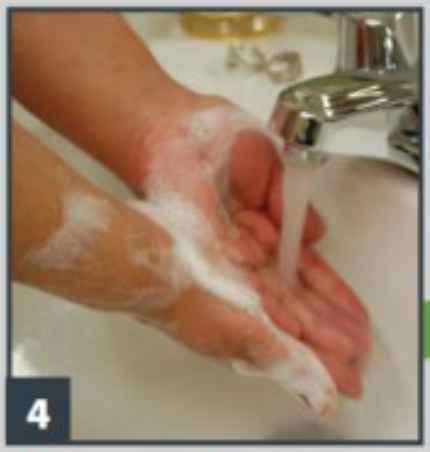


Remove jewellery and watch.

Wet hands with warm water.

Use lots of soap.

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



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

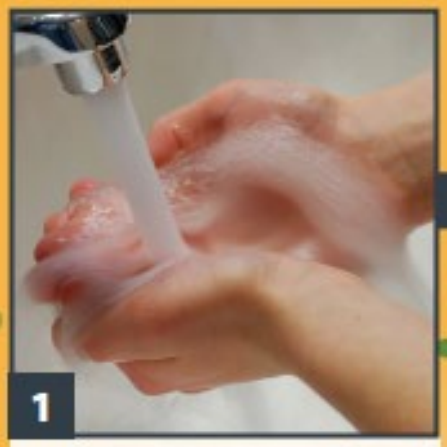
Dry completely with paper towel or with an air dryer.

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

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

wechu.org

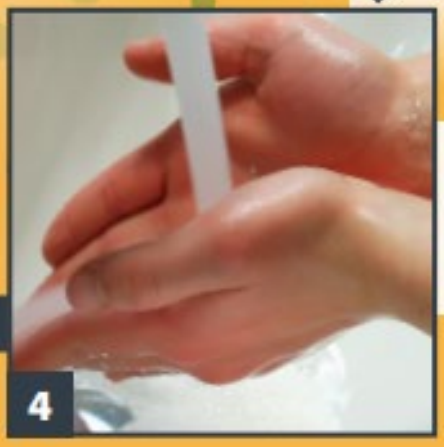
WASH YOUR HANDS



1 GET WET

2 LOTS OF SOAP

3 SCRUB
ABC SONG



4 RINSE

5 DRY

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

wechu.org

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!

WINDSOR-ESSEX COUNTY HEALTH unit
Bureau de santé de Windsor-comté d'Essex

www.wechu.org

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

Windsor-Essex County Health unit
Bureau de santé de Windsor-comté d'Essex

519-258-2146 ext. 1420
wechu.org

DIAPERING ROUTINE

1 Gather needed supplies

2 Wash your hands

3 Put on disposable gloves

4 Remove and discard the soiled diaper

5 Clean child's bottom. Diaper and dress the child

6 Discard soiled gloves in the garbage container

7 Wash your hands and then child's hands. Return the child to a supervised area

8 Clean and disinfect the change pad ensuring proper contact time is followed

9 Wash your hands

Adapted with permission from York Region Public Health.

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

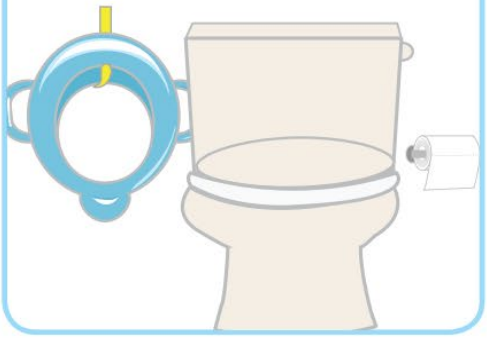
5 Clean child's bottom. Put on a new disposable training pant and dress the child

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:

2 - Patient Information	
Health Card No.:	Sex: ◯ Male ◯ Female
Date of Birth (yyyy/mm/dd):	Medical Record No.:
Last Name per health card:	First Name per health card:
Address:	
Postal Code:	Phone Number:

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
    b. LifeLabs – www.lifelabs.com
    c. Dynacare – 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.

Updated June 24, 2022

Public Health Ontario | Santé publique Ontario

General Test Requisition

For laboratory use only
Date received (yyyy/mm/dd): PHOL No.:

ALL Sections of this form must be completed at every visit

1- Submitter

Courier Code
Name: Dr Shanker Nesathurai - Windsor Essex County HU
Address: 1005 Ouellette Ave.,
City & Province: Windsor, ON
Postal Code: N9A 4J8

Clinician initial/Surname and OHIP/CPSO No.: 121285-31 / 62259
Telephone: (519) 258-2146 Fax: (226) 783-2132

cc Doctor / Qualified Health Care Provider Information
Name: Tel:
Lab / Clinic Name: Fax:
CPSO No.:
Address: Postal Code:

2 - Patient Information

Health Card No.: Sex: ◯ Male ◯ Female
Date of Birth (yyyy/mm/dd): Medical Record No.:
Last Name per health card: First Name per health card:
Address:
Postal Code: Phone Number:
Submitter Lab No.:
Public Health Unit Outbreak No.:

Public Health Investigator Information
Name:
Health Unit:
Tel: Fax:

3 - Test(s) Requested (Please see descriptions on reverse)

Enter test description below:
Stool for Bacteria and Virus Testing

Hepatitis Serology
Reason for test (Check only one box):
☐ Immune Status ☐ Acute Infection ☐ Chronic Infection
Indicate specific viruses (Check all that apply):
☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C*
*Testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available.

4 - Specimen Type and Site

☐ Blood / Serum ☑ Faeces ☐ Nasopharyngeal
☐ Sputum ☐ Urine ☐ Vaginal Smear
☐ Urethral ☐ Cervix ☐ BAL
☐ Other (Specify):

Patient Setting
☐ Physician Office / Clinic ☐ Inpatient (ICU)
☐ Inpatient (Ward) ☑ Institution
☐ ER (Not Admitted)

5 - Reason for Test

☑ Diagnostic ☐ Post-mortem Date Collected (yyyy/mm/dd):
☐ Needle Stick ☐ Immune Status
☐ Prenatal ☐ Follow-up Onset Date (yyyy/mm/dd):
☐ Immunocompromised ☐ Chronic Condition
☐ Other (Specify):

Clinical Information
☐ Fever ☑ Gastroenteritis ☐ Vesicular Rash
☐ STI ☐ Headache / Stiff Neck ☐ Maculopapular Rash
☐ Pregnant ☐ Encephalitis / Meningitis
☐ Jaundice ☐ Respiratory Symptoms
☐ Other (Specify):
☐ Influenza High Risk (Specify):
☐ Recent Travel (Specify Location):

For HIV, please use the HIV serology form. - For referred cultures, please use the reference bacteriology form. To re-order this test requisition contact your local Public Health Laboratory and ask for form number F-SD-SCG-1000. Current version of Public Health Laboratory requisitions are available at www.publichealthontario.ca/requisitions.

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567.
F-SD-SCG-1000 (05/04)

Ontario

WINDSOR-ESSEX COUNTY
HEALTH UNIT

1005 Ouellette Avenue
Windsor, Ontario N9A 4J8

wechu.org

519-258-2146