



MANAGING OUTBREAKS

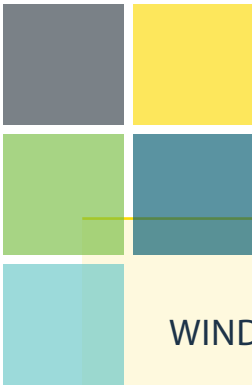
IN CHILD CARE CENTRES

November 2017



The Windsor-Essex County Health Unit (WECHU) is dedicated in providing public health programs and services to the community. Public health programs keep our community healthy by promoting improved health, preventing disease and injury, controlling threats to human life and function, and facilitating social conditions to ensure equal opportunity in attaining health for all.

Our Health Unit, in partnership with other agencies and health care providers, seeks to enable all Windsor and Essex County residents to be as healthy as possible.



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Introduction

Child care centres present specific risks for the spread of gastroenteritis among children because large groups of children are congregating in the same room, sharing the same toys, eating in common spaces and using shared bathroom facilities. The operator of a child care centre should be aware of the potential risks involved in having a child, or staff member on site who is suffering from an illness.

Infants and young children are more susceptible to disease due to their immature immune systems. When children are brought together in a child care centre they are at increased risk of coming in contact with harmful microorganisms, and spreading communicable diseases. It is important that you and your staff have set policies and procedures to deal with illnesses and to prevent an isolated incident from turning into an outbreak.

Parents and/or guardians play a key role in identifying when their child or a family member is unwell. Parents and/or guardians should be encouraged to inform child care staff of a recent illness in a child or family member so surveillance can be increased, and any necessary actions can be taken. Your child care centre should have policies and procedures in place for excluding ill children.

This manual is an educational resource to assist child care staff in identifying illnesses, what and when to report, and how to identify and manage an outbreak.

Duty to Report

The Child Care and Early Years Act 2014 states, *“Every licensee shall ensure that a daily observation is made of each child receiving child care in each child care centre it operates and in each 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.”* Section 36 (1).

“Every 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.” Section 36 (2).

The duty to report communicable diseases can be found in Sections 27(2) of the Health Protection and Promotion Act, 1990. It states *“The superintendent of an institution shall report to the medical officer of health of the Health Unit in which the institution is located if an entry in the records of the institution in respect of a person lodged in the institution states that the person has or may have a reportable disease or is or may be infected with an agent of a communicable disease.”*

OUTBREAK MANAGEMENT PROCEDURES

Child care staff should develop policies and procedures around exclusion of ill children from the child care centre. The following points should be included:

1. Parents/guardians should keep their child home if the child has developed a fever, diarrhea, or vomiting during the night.
2. Parents/guardians need to inform child care staff if the child has been ill while away from the facility, such as when the family is away on vacation.
3. The child care 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 centres.
4. Child care staff should observe children for symptoms of illness upon arrival at the centre, and before joining other groups of children.
5. Child care staff should continue to observe for illness in the children throughout the day.
6. Any child showing signs or symptoms of illness will be **immediately** separated from other children, and placed in a separate room/area until parents/guardians can pick them up.
7. Contact the parents/guardians to come and pick up the ill child. If the parents/guardians cannot be reached the emergency contact will be notified to pick up the child.

For the purpose of **exclusion** one or more of the following conditions must exist:

- > The child is unable to participate in programs.
- > The child is unable to participate in outdoor activities.
- > The child is diagnosed by a health care provider with a communicable disease.
- > The child has one or more of the following symptoms:
 - Abnormal temperature of 37.5°C (99.5°F) or greater, or 35.5°C (95.9°F) or less
 - Gastro intestinal symptoms:
 - 2 episodes of vomiting
 - 2 episodes of diarrhea
 - 1 episode of diarrhea and 1 episode of vomiting
 - Respiratory symptoms, with fever (other than common cold)
 - Any unidentified rash
 - Persistent pain

IDENTIFYING ILLNESS

Gastro-intestinal illness (GI) is a general term referring to inflammation or infection of the gastrointestinal tract, primarily the stomach and intestines. GI illnesses can be caused by microorganisms such as harmful bacteria, viruses, parasites, or by the toxins produced from certain bacteria.

Symptoms can occur very quickly (sudden onset) and normally it lasts fewer than 10 days and is self-limiting. It is often called the “stomach flu” even though it is not related to influenza.

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

- Diarrhea
- Vomiting
- Headache
- Abdominal Pain
- Fever

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

When defining diarrhea, the following should be considered:

- Is this more bowel movements than normal for the child?
- Are stools less formed and more watery than usual?
- Is blood and/or mucous present in the bowel movement?

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 viruses spread?

Viruses are mainly spread from people’s infected stool and vomit by the fecal oral route (infected stool or vomit ingested by a person).

Viruses can be 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.

Gastroenteritis caused by bacteria or parasites

Gastro intestinal outbreaks are assumed to be caused by food or water until proven otherwise. Some harmful microorganisms that cause common food and water-borne infections include:

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

REMEMBER: Fact sheets on various harmful microorganisms that cause illness are available at www.wechu.org

OBSERVATION AND REPORTING

1. When the child care staff becomes aware of a child with a suspected or actual case of a reportable disease they shall notify the child care centre supervisor. Refer to the Reportable Disease List found in found on page 18.
2. The child care centre supervisor shall collect the following information about the child:
 - Disease and/or symptoms
 - Date of illness onset (when the symptoms began)
 - Name
 - Age
 - Parent/legal guardian names
 - Home address
 - Home telephone number (or personal cell phone number)
 - Work/alternate phone number of parents/guardians
 - Child's health care provider (if known)
 - Name of hospital, if child is admitted
3. If the child has a reportable disease the child care operator must report it to the Windsor-Essex County Health Unit promptly by calling the Infectious Disease Prevention department at 519 -258-2146 x 1420.
4. Ill children will not be allowed to return to the child care centre until they have been symptom free for at least 48 hours. This exclusion time may change depending on the disease or by direction of the Windsor-Essex County Health Unit.
5. When the control of the disease is not possible or does not require exclusion, the staff and parents can decide whether a mildly ill child can attend and participate. The final decision on whether the ill child can remain in the child care centre is entirely up to the staff. If more than two children from the child care centre develop the same symptoms within 48 hours, outbreak management should be started.
6. Any child or staff with **untreated head lice, pink eye, scabies, or ringworm** should be excluded until treatment has been started. Refer to the Health Unit's *Guide to Common Infections* for more information on common infections and exclusion procedures.

MONITORING AND NOTIFICATION OF OUTBREAKS

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 the following numbers:

- Outbreak Management Team: 519-258-2146 ext. 1420
- Environmental Health Intake: 519-258-2146 ext. 4475
- After hours weekend and holiday: 519-973-4510

The Health Unit will follow the case definition and outbreak definition to declare the outbreak.

Case definition of gastrointestinal illness

For a case to be defined within a gastroenteritis outbreak, **at least one** of the following criteria 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 episode 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.

Definition of an Outbreak

An outbreak is defined as a greater than expected number of **linked** cases.

Suspect Outbreak

- Two suspected cases of infectious gastroenteritis within a specific area within 48 hours

Confirmed Outbreak

- Three or more cases of infectious gastroenteritis in a specific area within a 4 day period.

OR

- Three or more areas with a case of infectious gastroenteritis within 48 hours.

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.

Once the Health Unit has been notified of increased illness, we will recommend implementing the 'Child Care Enteric Outbreak Management Checklist' to manage the potential outbreak (See Appendix A, B & C).



When you contact the Health Unit, you will be asked to fax a copy of the line list for review by the Outbreak Team. If an outbreak is declared, you will need to fax a copy of the line list to the Health Unit each day before 11 a.m. See Appendix B and C.

OUTBREAK DECLARATION

An outbreak will be declared based on the information you provide on the line lists. If the cases meet the definition of an outbreak, your child care centre will be declared in an outbreak. If your child care centre is in suspect outbreak or does not meet case definition, the Health Unit will provide recommendations to implement to reduce the risk and spread of infection with the hope to avoid an outbreak. The Health Unit will monitor line lists daily while the child care centre is under surveillance.

It is recommended to follow the “Child Care Centre Enteric Outbreak Management Checklist” (See Appendix A).

Initial outbreak process for child care centres:

1. If it is determined that your child care centre is in outbreak, the Health Unit will provide you with an outbreak number. This outbreak number should be on all documentation and line lists.
This outbreak number is how the outbreak is identified and tracked by the Health Unit, the Public Health Lab, the Ministry of Health and Long-Term Care and your child care centre.
2. The Health Unit will review infection prevention and control measures and opportunities for specimen collection.
3. Display outbreak notification signage, provided by the Health Unit, at the main entrances. All signage is available to download from our website at wechu.org under the outbreak section.
4. Inform parents/guardians and visitors about the signs and symptoms of illness and preventative measures.
5. Child care centre will be asked to complete the Child Care Initial Facility Outbreak Report within 24 hours of outbreak and fax to the Health Unit at 226-783 2132. Refer to Appendix E.
6. The Health Unit may request to collect stool samples. This is important to identify the organism causing illness at your child care centre. The Health Unit will help facilitate the specimen collection by dropping off stool kits and/or picking up stool samples as needed.
7. To ensure that stool samples are collected and submitted properly, follow the instructions provided by the Health Unit on how to collect stool samples. Refer to Appendix G.

MAINTAINING LINE LISTS

Line lists (see Appendices B & C) are used to track ill staff and children on a daily basis. There are two separate line lists. One is used for monitoring illness in staff and one 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. Document the last day the ill individual was present in the building and when they return to the centre.
5. 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.
6. The individual can be removed from the line list only when they are symptom-free for 48 hours.

Review and follow the Enteric Line List Instructions included with this package in Appendix D.

CASE MANAGEMENT AND SPECIMEN COLLECTION

Illnesses can spread very quickly to children and staff if proper control measures are not practiced. Knowing what to do when children or staff becomes ill can significantly reduce the spread of infection.

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 causative organism.

1. Any child showing signs or symptoms of illness should be immediately separated from the healthy children, and placed in a separate room.
2. Contact the parents/guardians or emergency contact to come and pick up the ill child and advise them that their child should be seen by a health care provider.
3. Inform the parents/guardians that your child care centre is experiencing an outbreak and encourage them to collect stool samples.
4. The Health Unit will provide stool kits with instructions for collecting samples.
5. 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.
6. 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.
7. 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.
8. Healthy staff should be restricted to working in one room only and limit their interaction between rooms.
9. During an outbreak, symptomatic staff should not be reporting to work.
10. Reschedule any events such as child orientation, large gatherings, activities, or field trips that bring several classrooms together until the outbreak is declared over.

HAND HYGIENE

Proper hand hygiene is an effective strategy to prevent the spread of infections in your child care centre. Child care providers and children are encouraged to wash their hands frequently throughout the day. Hand hygiene can be performed primarily using soap and warm water, or as an alternative using an alcohol-based hand rub (ABHR).

- Child care staff should monitor children's hand hygiene.
- When considering the use of ABHR:
 - Children under the age of 24 months are NOT permitted to use this product.
 - The use of ABHR (containing 70% - 90% alcohol), can be an alternative for staff hand hygiene as long as hands are not visibly soiled.
- Ensure handwashing signs are posted at handwashing stations.
- Handwashing sinks must be readily accessible in care areas with liquid soap and disposable paper towels.
- Child care providers should have clear visibility of children when performing hand hygiene.

Here are some instances when you should perform hand hygiene:

Before:

- Preparing food or beverages.
- Eating, handling ready-to-eat food, feeding a child.
- Handling medication.
- Wearing gloves.

After:

- Playing in a water play table or sand box.
- Using the bathroom.
- Sneezing/coughing.
- Exposure to bodily fluids (self or child).
- Changing diapers or soiled training pants.
- Handling raw food.
- Handling any animals or contact with their habitats.
- Removing gloves.
- Cleaning surfaces.
- Handling garbage.

ENHANCED ENVIRONMENTAL CONTROL MEASURES

During an enteric outbreak, staff and children can easily become ill and spread their illness to others if proper infection prevention and control measures are not practiced. Key areas in a child care centre to focus on to prevent the spread of disease are:

1. Cohorting children
 - Minimize mixing children of different age groups.
 - Dedicate one staff to one age group for assignments.
 - Separate ill children from healthy children.
 - Avoid overcrowding.
2. Sensory play activities and toys
 - All toys must be cleaned and disinfected accordingly.
 - In an outbreak, stop all table type activities that use water, rice, sand, play dough or other tactile materials.
 - Remove all plush toys during an outbreak.
3. Hand Hygiene
 - Gloves should be worn for handling any articles or surfaces contaminated with bodily fluids.
4. Diaper change table
 - Proper diapering procedures are followed.
 - Change table thoroughly cleaned and disinfected after each use.
5. Laundry
 - Clean and soiled items stored separately.
 - Bedding and linens washed according to schedule.
6. General maintenance
 - Garbage removed regularly.
 - Floors, carpets and mats cleaned and disinfected.
 - Heating, ventilation and cooling systems should have regular maintenance checks.
7. Cleaning and disinfection
 - All surfaces should be nonporous and easily cleanable.
 - During an outbreak, high touch surface areas must be cleaned and disinfected more frequently.
 - Be sure to apply the appropriate concentration and wet contact time of the disinfectant.

CLEANING AND DISINFECTING DURING AN OUTBREAK

Contaminated surfaces can be a source of transmission of harmful microorganisms (germs). Cleaning and disinfection of surfaces can help in reducing the spread of these organisms.

What is cleaning?

Cleaning is the physical removal of organic matter or debris from objects, usually done by using water, detergent and friction. This process removes the organisms but does not destroy those remaining on the object. Thorough cleaning is the first step of any disinfection process. Cleaning removes organic materials such as soil, food particles or fecal matters. The action of scrubbing with detergent and rinsing can effectively remove a large number of germs from surfaces. If surfaces are not properly cleaned first, then proper disinfection will not occur.

What is disinfection?

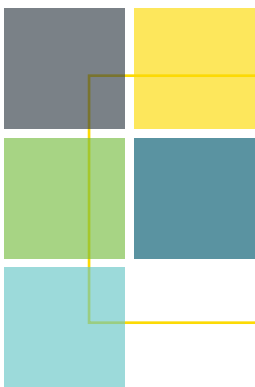
Disinfection eliminates most germs on surfaces by inactivating and killing them.

During outbreaks, it is recommended to increase the frequency of cleaning and disinfection of highly contaminated environmental surfaces such as diaper change tables, doorknobs, handrails, toilets, elevator buttons, and frequently touched surfaces in hallways.

Key points to remember when using a disinfectant:

- Use a Health Canada approved disinfectant that has a Drug Identification Number (DIN).
- Follow manufacturer's instructions for proper concentrations and wet contact times.
- Never mix different chemicals together (e.g. chlorine and ammonia).
- Phenols are not to be used in child care settings.

In an outbreak situation, a broad spectrum disinfectant is recommended to reduce the spread of germs. This disinfectant is stronger than what would be used on a day-to-day basis in your child care centre.



If you have any questions regarding different disinfectants used in a child care centre, please contact your Public Health Inspector or the Environmental Health Intake line at 519-258-2146 ext. 4475.

RECOMMENDED CHEMICAL DISINFECTANT USE AND CONCENTRATIONS

CHEMICAL	USE	CONCENTRATION	CONTACT TIME
Chlorine (5.25% -6.15% sodium hypochlorite)	Blood and bodily fluids	1:10 (5000ppm) 125ml bleach to 1 litre of water	2 minutes (after pre-cleaning with detergent) 10 minutes for surfaces heavily soiled with bodily fluids
	Outbreak	20ml bleach to 1 litre of water (1000ppm)	10 minutes
Quaternary Ammonium	Daily environmental cleaning	400ppm Follow manufacturer's recommendations	Refer to manufacturer's instructions
Accelerated Hydrogen Peroxide (AHP)	Daily environmental cleaning	1:128 (0.05% AHP) Follow manufacturer's recommendations for dilution	Refer to manufacturer's instructions
	Outbreak Blood and bodily fluids	1:16 (0.5% AHP) Follow manufacturer's recommendations for dilution *Ready-to-use (RTU) AHP is available	Refer to manufacturer's instructions

(Centre for Disease Control, 2008)

DECLARING THE OUTBREAK OVER



The Health Unit's outbreak management team under the direction of the Medical Officer of Health will determine when the outbreak can be declared over.

The outbreak can be declared over 48 hours after there are no more symptoms of illness in the child care centre. If norovirus is the causative agent, then 5 days is required to declare the outbreak over.

Once the outbreak has been declared over, a member of the Health Unit's outbreak management team will be in contact with you by phone.

A rescinded advisory indicating the outbreak is over will be faxed to your child care centre which is signed by the Medical Officer of Health or designate.

Once the outbreak is declared over, you will be instructed to remove the signage from the door and it is your responsibility to communicate the outbreak status to the parents/guardians.

The Health Unit will be completing a Child Care Centre Outbreak Management Final Summary Report and faxing it to your centre. This report will provide an overview and feedback on how the centre managed the outbreak identifying strengths and potential enhancements for future outbreak control. Refer to Appendix F.

Supervisors of the child care centre, will be asked to complete an anonymous electronic survey that will be emailed by the Health Unit. This will provide the Health Unit with helpful feedback and suggestions for improvement in our response in support of your outbreak.

REPORTABLE DISEASES



REPORT DISEASES LISTED BELOW TO:

Phone: 519-258-2146 or Fax: 226-783-2132

(8:30 a.m. to 4:30 p.m., Monday to Friday)

After hours, weekends, and holidays phone: 519-973-4510



Timely reporting of communicable diseases is essential for their control. If you suspect or have confirmation of the following specified “Reportable Communicable Diseases” or their “etiologic agents,” (as per Ontario Reg 559/91 and amendments under the Health Protection and Promotion Act), please report them to the local Medical Officer of Health.

REPORT IMMEDIATELY		REPORT BY THE NEXT WORKING DAY	
Anthrax	Measles	Acquired Immunodeficiency Syndrome (AIDS)	Lyme Disease
Botulism	Meningitis, acute 1. bacterial	Acute flaccid paralysis (AFP)	Malaria
Brucellosis	Meningococcal disease, invasive	Amebiasis	Meningitis, acute 1. viral 2. other
Cholera	Paratyphoid Fever	Campylobacter	Mumps
Cryptosporidiosis	Plague	Chancroid	Ophthalmia neonatorum
Cyclosporiasis	Poliomyelitis, acute	Chickenpox (Varicella)	Paralytic shellfish poisoning (PSP)
Diphtheria	Q Fever	Chlamydia trachomatis infections	Pertussis (Whooping Cough)
Encephalitis, including: 1. Primary, viral	Rabies	Clostridium difficile associated disease (CDAD) outbreaks in public hospitals	Pneumococcal disease, invasive
Food poisoning, all causes	Respiratory infection, institutional outbreaks	Creutzfeldt-Jakob Disease, all types	Psittacosis/Ornithosis
Gastroenteritis, institutional outbreaks	Rubella	Encephalitis, including: 1. Post-infectious 2. Vaccine-related 3. Subacute sclerosing panencephalitis	Rubella, congenital syndrome
Giardiasis, except asymptomatic cases	Severe Acute Respiratory Syndrome (SARS)	4. Unspecified	Salmonellosis
Haemophilus influenza b disease, invasive	Shigellosis	Gonorrhea	Streptococcal infections, Group B neonatal
Hantavirus Pulmonary Syndrome	Smallpox	Hepatitis, viral 1. Hepatitis B 2. Hepatitis C	Syphilis
Hemorrhagic fevers, including: 1. Ebola virus disease 2. Marburg virus disease 3. Other viral causes	Streptococcal infections, Group A invasive	Influenza	Tetanus
Hepatitis, viral 1. Hepatitis A	Tularemia	Leprosy	Trichinosis
Lassa Fever	Typhoid Fever		Tuberculosis
Legionellosis	Verotoxin-producing E. coli infection indicator conditions including: Haemolytic Uraemic Syndrome (HUS)		Yersiniosis
Listeriosis	West Nile Virus		
	Yellow Fever		

For more information, contact the Windsor-Essex County Health Unit at 519-258-2146.

www.wechu.org

References

Aronson, S. S., & Shope, T. R. (Eds.). (2013). *Managing Infectious Diseases in Child Care and Schools, 3rd Edition: A Quick Reference Guide*. Elk Grove Village, IL: American Academy of Paediatrics.

Association of Professionals and Epidemiology. (2014). *Text of Infection Control and Epidemiology, Volume III*, Washington, DC.

Canadian Paediatric Society. (2013). *Dehydration and Diarrhea*. Retrieved from www.caringforkids.cps.ca/handouts/dehydration_and_diarrhea

Centre for Disease Control. (2008). *Guideline for Disinfection and Sterilization in Healthcare Facilities*. Retrieved from https://www.cdc.gov/hai/pdfs/disinfection_nov_2008.pdf.

Government of Ontario. (1998). *Health Promotion and Protection Act*. Retrieved from http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm#Top

Leduc, D. (Ed.). (2015). *Well Beings: A Guide to Health in Child Care* (3rd ed.). Ottawa, ON: Canadian Paediatric Society.

Provincial Infectious Diseases Advisory Committee. (2012). *Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 2nd Edition*. Retrieved from https://www.publichealthontario.ca/en/eRepository/Best_Practices_Environmental_Cleaning_2012.pdf

Provincial Infectious Disease Advisory Committee. (2012). *Routine Practices and Additional Precautions in all Health Care Settings, 3rd Edition*. Retrieved from: http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx

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CHILD CARE CENTRE ENTERIC OUTBREAK MANAGEMENT CHECK LIST

Date: _____ Facility: _____ Outbreak Number: 2268- _____

OUTBREAK CRITERIA: A greater than expected number of linked cases of enteric illness among the children and/or staff.

SIGNS AND SYMPTOMS:

May include: diarrhea, vomiting, nausea, abdominal cramps, and abnormal temperature of more than 37.5°C or less than 35.5°C etc.

	Start Date	Initials	Recommendations/Comments
1. Surveillance is an essential component of infection prevention and control (IPAC). Surveillance ensures early detection of symptoms in children and staff and can help to identify a potential outbreak in its early stages.			
<input type="checkbox"/> Tracking of ill children/staff on line lists daily is recommended to monitor illness			
2. Notification-Communication is important for keeping the Health Unit aware of the outbreak status			
<input type="checkbox"/> Fax the line list to the Health Unit when there is an observation of higher than expected/increased illness activity on secure fax line @226-783-2132			
<input type="checkbox"/> Notify Health Unit – Contact the Outbreak Management Team at 519-258-2146, ext. 1420			
<input type="checkbox"/> Health unit will confirm outbreak			
<input type="checkbox"/> Obtain Outbreak Number – The Health Unit will provide an outbreak number after declaring the outbreak			
<input type="checkbox"/> Continue tracking of any ill staff and children on daily line lists – Fax the line list to the Health Unit by 11:00 a.m.			
<input type="checkbox"/> Notify Parents – Display outbreak signs at the entrances and educate parents and visitors about the signs and symptoms of illness			
3. Hand washing - the hands of care providers are the most common vehicle for the transmission of microorganisms.			
<input type="checkbox"/> Ensure hand washing signage is clearly visible and enough supplies are available and accessible. Reinforce hand washing with staff and children particularly:			
i. After diaper change			
ii. After removing gloves			
iii. After using the bathroom			
iv. After handling garbage			
v. Before baby care			
vi. Before handling food or baby formula			

	Start Date	Initials	Recommendations/Comments
4. Specimen Sampling- It is very important to encourage the collection of stool samples with parents/guardians			
<input type="checkbox"/> It is recommended that stool specimens be collected during an enteric outbreak to help identify the causative organism. The Health Unit will facilitate this by delivering the stool kit to the parents/guardians or staff members, helping to fill out the requisition form and picking up the specimen.			
<input type="checkbox"/> Encourage ill staff members and parents/guardians of ill children to collect stool specimen			
<input type="checkbox"/> The health unit will deliver stool kits to the child care center for distribution to the parent/guardian			
5. Isolation Precaution- any child showing signs or illness should be immediately separated from the healthy children			
<input type="checkbox"/> Symptomatic children should be isolated/cohorted until sent home			
<input type="checkbox"/> Dedicate a staff for the isolation room to avoid further transmission			
<input type="checkbox"/> Symptomatic staff should be excluded from work until they become asymptomatic for 48 hours			
6. Environmental Control Measures- contaminated surfaces can be a source of transmission. Increase cleaning and disinfection.			
<input type="checkbox"/> Housekeeping: Review cleaning and disinfecting procedures with the house keeping staff.			
<input type="checkbox"/> Disinfectant: Ensure the recommended disinfectant is available and staff is aware of proper use (concentrations and contact time)			
<input type="checkbox"/> Laundry: Handle soiled linen with caution (use gloves)			
<input type="checkbox"/> Diaper Changing Surfaces: Disinfect diaper change surfaces with a recommended chemical			
<input type="checkbox"/> Toys: Disinfect all toys frequently			
7. Food Service- keep samples			
<input type="checkbox"/> Menus: From last 7 days			
<input type="checkbox"/> Food Sample: From any leftover or saved food items			
<input type="checkbox"/> Food Sample Results: If sample testing occurs, the Health Unit will notify the center with the lab results			
8. Rescinding the Outbreak- the Health Unit will rescind the outbreak as follows:			
<input type="checkbox"/> Outbreak will be declared over when there is no enteric illness in the facility for 48 hours from any cause except Norovirus, which is 5 days			

For further information or clarification, contact the Outbreak Management Team at the Windsor-Essex County Health Unit at 519-258-2146, ext. 1420.



CHILD CARE CENTRE ENTERIC LINE LIST - CHILD

Fax line lists daily by 11:00am to 226-783-2132
until outbreak declared over by WECHU
Phone: 519-258-2146 Ext 1420

Name of Child Care Centre:				Outbreak #: 2268 - _____				Date: _____					
Affected Area: Entire facility: <input type="checkbox"/> OR Specific area: _____				# of Pages: _____									
<p>Suspect Outbreak Definition: 2 children with acute gastroenteritis in a specific area within 48 hrs. A child must have at least one of the following to be placed on the line list:</p> <ul style="list-style-type: none"> • 2 or more episodes of loose/watery bowel movements that conforms to the shape of a container within 24 hrs, OR • 2 or more episodes of vomiting within 24 hrs, OR • 1 episode of diarrhea and 1 episode of vomiting within 24 hrs. <p>Ensure symptoms are abnormal for that child and not due to medication side effects, diet or prior medical condition.</p>													
Case Identification			Symptoms (check symptoms that apply)						Exclusion				
Full Name of Child	Age	Room Child Attends	Date of First Symptom (Y/M/D)	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 (Y/M/D)	Stool sample collected (Y/M/D)	Child remains at home	Hospitalization date (Y/M/D)	Date child returned to Centre (Y/M/D)
Children can only return to the Child Care Centre when they are symptom-free for 48 hours													

Completed By: _____
(Print Name)

Faxed By: _____

The information contained in this facsimile message is intended only for the use of the recipient named above and may be confidential. Any other use, disclosure or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us at 519- 258- 2146 Ext 1420

**CHILD CARE CENTRE
ENTERIC LINE LIST - STAFF**

Fax line lists daily by 11:00am to 226-783-2132
until outbreak declared over by WECHU
Phone: 519-258-2146 Ext 1420

Name of Child Care Centre:		Outbreak # : 2268 - ____ - ____				Date:						
Affected Area: Entire Facility: <input type="checkbox"/> OR Affected area staff worked:		# of Pages:										
<p>Suspect Outbreak Definition: 2 staff members with acute gastroenteritis in a specific area or floor within 48 hrs. A staff member must have at least one of the following to be placed on the line list:</p> <ul style="list-style-type: none"> • 2 episodes of loose/watery bowel movements that conform to the shape of the container within 24 hours, OR • 2 or more episodes of vomiting within 24 hours, OR • 1 episode of diarrhea AND 1 episode of vomiting within 24 hrs. <p>Ensure that symptoms are abnormal for that staff member and not due to laxative use, medication side effect, diet or a prior medical condition.</p>												
Case Identification		Dates		Symptoms (check symptoms that apply)				Exclusion				
Name of Staff Member	Work Assignment Location	Date of First Symptom (Y/M/D)	Last Day of Work (Y/M/D)	Record abnormal temp	Nausea	Vomiting- indicate # of episodes e.g. X 2	Abdominal pain	Diarrhea- indicate # of episodes e.g. X 2	Stool sample collected (Y/M/D)	Staff remains off work	Hospitalization date (Y/M/D)	Date returned to work (Y/M/D)
				≥ 37.5 or ≤ 35.5 °C								
Staff can only be removed from the line list when they have been symptom-free for 48 hours												

Completed By: _____
(Print Name)

Faxed By: _____

The information contained in this facsimile message is intended only for the use of the recipient named above and may be confidential. Any other use, disclosure or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us at 519- 258-2146 Ext 1420

ENTERIC LINE LIST INSTRUCTIONS

CHILD CARE CENTRE CHILD

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.

A SEPARATE LINE LIST MUST BE COMPLETED FOR ILL STAFF.

Name of Child Care Centre

- Fill out complete name of facility.

Location of the Outbreak in the Child Care Centre

- Majority of outbreaks will pertain to the entire facility; if this is the case, check 'Entire facility' or indicate the specific area affected.
- For large facilities, keeping a separate line list for each room (such as infant, toddler, preschool) affected by the outbreak may be useful; if this is the case, please specify which location.

Total # of Children Enrolled in Specified Location

- Fill out number of children enrolled in the facility or room on the Initial Outbreak Facility Report.

Case Definition

- This will be defined by the health unit based on the symptoms and circumstances obtained from your facility at the beginning of the outbreak.

Date

- Use format year/month/day.
- Be sure you record the date the information is pertaining too only and the specific day you are reporting on.

Page

- Tally up the total number of pages you have for one specific day.
- Example: on any given day, if you are faxing the Health Unit 2 pages, you will fax 'page 1 of 2' and 'page 2 of 2'.

Full Name

- Print full name of child here.
- Do not use initials.

Age

- Provide age of child.

Date of First Symptom

- Write date child was placed on the line list.
- When determining when a centre can be removed from outbreak, the last date of symptom onset is used.
- If a child has been removed from the line list and then has a relapse, use the relapse date as your new date of first symptom.

Symptoms

- Be sure symptoms are abnormal and are not due to underlying conditions or medications being taken (example some antibiotic may cause diarrhea).
- For symptoms of diarrhea and vomiting, please indicate the number of occurrences (e.g., x 1, x2, x3).
- If a symptom is present, indicate with a check mark in the appropriate box.
- Only document abnormal temperatures that fall between the range of ≥ 37.5 or $\leq 35.5^{\circ}\text{C}$.
- If a box is left blank, it will be assumed that the symptom is not present.

Exclusion

- A child should remain out of the child care centre until they have had no symptoms for 48 hours.
- Indicate the last day when the child attended at the child care centre (not this may not be the same day as the onset of symptoms).
- Leave the child/staff on the line list and indicate if they remain at home.
- Indicate the day that the child returned to the child care centre.
- Indicate any hospitalization dates.

Samples Taken

- Indicate that the child provided a requested specimen sample.

Completed By

- Print or sign the name of the person completing the line list in this space.
- If there are any questions pertaining to the line list, the health unit will know who to contact at your facility.

Fax

- Fax your line lists to the health unit daily before 11 a.m.; this ensures that the health unit has time to follow up on any questions they may have pertaining to the line list.

Child Care Centre Initial Outbreak Report

**Complete and fax to WECHU @ 226-783-2132 as soon as your Child
Care Centre has been declared in Outbreak**

Child Care Centre: _____

Outbreak#: 2268 - _____ - _____

Enteric

Date of First Symptom

Onset (Index case): _____

(Y/M/D)

Contact Information

Facility Contacts and Title	Email	Phone & Ext
Main Contact:		
Secondary Contact:		

Child Care Centre Information

The Total # of People:	Children	Staff
In the affected area		
In the entire facility		
That were on the line list when outbreak declared		
Who were admitted to hospital		
Who were on the line list and passed away		

Initial Outbreak Control Measures Instituted **Yes**

- Signage and Notification of Outbreak
- Enhanced Environmental Cleaning
- Cohorting of Staff
- Cohorting of Children and Isolation
- Attempting to Collect Stool Samples
- Outbreak Management Check List Form

Completed By Date: _____

Date: _____

Child Care Centre Outbreak Management Final Summary Report

Name of Child Care Centre:	Date:
Outbreak #: 2268 - _____ - _____	Type of Outbreak: <input type="checkbox"/> Enteric
Outbreak Start Date:	Outbreak Declared Over Date:
# of Days in Outbreak:	

WECHU Feedback	Always	Usually	Rarely
Outbreak identified and WECHU informed when facility met Suspect definition/criteria			
Line lists faxed on time by 11:00am daily			
Line lists completed accurately			
Lab specimens collected in a timely manner			
Initial Facility Report faxed within first 24 hours			
Public Health Inspector site visit indicated facility compliance			

Strengths During Outbreak Process

Potential Enhancements During Outbreak Process

COLLECTING STOOL SAMPLES

Instructions for parents of children attending child care:



1 Get a stool collection kit with 2 bottles (white and green lids) from the child care center.

2 Before collecting the stool (poop) sample, write your child's full name, their date of birth, and the date the samples are collected on the labels of both bottles.

3 On the *General Test Requisition* form, fill out your child's information under "Patient Information" in the highlighted sections. Put the form in the front pocket of the bag provided.

4 Collect the stool sample from their diaper, clean container, or "potty". You can place sheets of plastic wrap over the toilet bowl or diaper, leaving a slight dip in the centre to allow the stool to collect in the plastic wrap.

5 Unscrew the lid of the bottles. Collect a stool sample into the white bottle first, and then the green bottle. Using the spoon attached to each lid, place bloody or slimy/white (mucous) areas of the stool (if present) into the bottles. Do not overfill. In the green lid bottle with liquid, add spoonfuls of 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 Refrigerate the stool samples right away. Do not freeze.

9 Notify the Health Unit Infectious Disease Prevention Department (519-258-2146 ext. 1420) that your sample is ready as soon as possible. The Health Unit will make arrangements to have the sample picked up from your home.

10 It may take a few days for the lab to report the results to the Health Unit. We will call you when we get your results.

2 - Patient Information

Health No.	Sex	Date of Birth: yyyy / mm / dd
Medical Record No.		
Patient's Last Name (per OHIP card)		First Name (per OHIP card)
Patient Address		
Postal Code	Patient Phone No.	





519-258-2146

www.wechu.org