

# Safe Healthy Children

Health and safety manual  
for Childcare providers



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*A Health and Safety Manual for Childcare Providers*

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# Introduction

The Safe Healthy Children Manual is a resource for childcare providers in Middlesex and London. It has been developed to assist childcare centres to meet the regulatory requirements under various acts and provincial standards.

Licensed childcare centers fall under the *Childcare and Early Years Act (CCEYA)*, *Health Promotion and Protection Act (HPPA)* and their associated regulations. We encourage childcare operators become familiar with the legislation and speak to their local ministry advisor or public health unit contact for more information.

Ontario's Ministry of Education website, [\*Childcare and Licensing Resources\*](#) page has a wide variety of resources, information, and templates that can be used for documentation, and will aid in the development of policies and procedures.

The Middlesex-London Health Unit (MLHU) provides education and support to childcare providers and inspects childcare centres as required by the Ministry of Health and Long-Term Care, Ministry of Children and Youth, Ministry of Education and Ontario Public Health Standards. It is important that childcare providers become aware and informed of these requirements to ensure the health and safety of children in their care.

Each chapter includes the relevant statutory requirements linked with applicable information pertaining to that requirement. In addition, there are recommendations and information to help support and inform best practices.

It is recommended that this manual be made available for quick reference to all staff and volunteers at your center. Regular updates will be made to this manual, and electronic and paper copies may be provided. It is recommended that original sources always be consulted for the most accurate, up-to-date information.

**If you have any questions about the manual or its contents, please feel free to contact MLHU at 519-663-5317.**

# Safe Healthy Children

## *Health and Safety Manual for Childcare Providers*

\* TO SKIP TO A SECTION, HIT “CTRL F” AND TYPE THE SECTION TOPIC OR KEYWORDS INTO THE “FIND” FIELD.

### SECTION TOPICS\*

- [Immunizations and Records](#)
- [Infection Prevention](#)
- [Infection Control and Management](#)
- [Healthy Eating and Food Allergies](#)
- [Food and Drinking Water Safety](#)
- [Outdoor Safety](#)
- [Creating a Safe Environment](#)
- [Oral Health](#)
- [Early Identification of Developmental Concerns](#)
- [Healthy Living](#)

**\*Note:** *The content of this 2020 version of Safe Healthy Children: A Health and Safety Manual for Childcare Providers was completed before the COVID-19 Pandemic and thus provides information about illness symptoms according to “pre-COVID” guidelines. Please continue to consult current documents provided by the Ontario Ministries of Education and Health or contact The Early Years Outreach Team for clarification [EarlyYearsOutreach@mlhu.on.ca](mailto:EarlyYearsOutreach@mlhu.on.ca).*

*However, guidelines in the section entitled, “Infection Control and Management”, relating specifically to fever and diarrhea were revised in October 2021.*



Immunization is an extremely effective means of preventing a variety of diseases and the complications they can cause. Vaccines are important for both children in care, and the providers taking care of them. Being up to date with all required and recommended vaccines will help to keep the centre free from communicable disease outbreaks.

## Immunization Requirements of the Childcare and Early Years Act

Operators of childcare centres must ensure that all children have completed immunization appropriate for their age upon admission to the centre. For children already enrolled, the operator must record additional immunizations each child receives as they reach the appropriate ages for more vaccine doses. The required immunizations through the *Childcare and Early Years Act* are bolded within the **Ontario Immunization Schedule Information (Table 1)**. Information in the right-hand column of the table will assist centre operators when recording information and checking to see if doses are adequate. Health unit nurses are available to answer questions about vaccine schedules or doses and will be assisting each centre to screen the records for accuracy and completeness.

## Information for Parents and Childcare Operators - New Registrants:

When families register children into the centre, it is important to tell them that they need to do two things with their immunization record – give a copy to the centre and submit a copy to the health unit.

Please note that the Middlesex-London Health Unit no longer asks parents to transcribe their child's record onto a predetermined immunization grid. With so many vaccines having similar names, and the confusion over some schedules, it is always better to work from the original record.

1. Obtain a photocopy of the child's record for your centre. You can choose whether you keep it as a paper copy or store it electronically.
2. The centre does not need to fax the record to the health unit for the child upon registration. Once a year nurses will screen the children enrolled in your centre, and let you know of any vaccine information that is missing for them within the provincial immunization database. At that point, you may fax missing information after a specific request from the health unit. We recognize that this is a change in practice, however, these changes will make things simpler for data entry, retention and screening at the centres and the health unit.
3. Give the family the package of information that introduces parents to their responsibility of informing the health unit of all vaccines their child receives from childhood until the end of secondary school. They can go online to begin or update their child's vaccine record. They may already have an online record started in there, as many health care providers are promoting this to new parents with their baby's first vaccines. Once a record is started, they just enter dates when the child receives new vaccine doses. The system is easy to use, and parents appreciate having one place to store the information, especially if they move or change health care providers.
4. If the family experiences any barriers to using the online records system (including not having an Ontario Health Card), they can mail or drop off the record to the health unit. Alternatively, when the health unit screens your attendees each year, you can send it at that time, once it is requested from you.



## Information for Parents and Childcare Operators - Yearly Reviews:

1. The Middlesex-London Health Unit will ask you to send in your list of the children currently attending your centre. Information includes name, date of birth, demographics and parent names. This is done through an excel sheet, sent by secure email. The electronic version of this file downloads into the Ontario Immunization database. It automatically assigns all the children to your facility within the system.
2. Nurses will download a list of children assigned to your facility that do not have complete immunization records for their age. The records are looked at to see specifically what vaccines are overdue.
3. Letters are generated for each child with missing information, and an overall list is given to the facility.
4. The childcare operator can look through the list to see who the letters are going to, and for which vaccines. At this point, the childcare centre operator has two choices:
  - a. If the childcare operator has record of the information that the health unit is missing, they can fill out the list with the information from the childcare centre records. If the dates are provided to the health unit by the operator in this way, those specific letters do not have to be given to the families and can be shredded. If the centre does not have the information that is being requested, the letter can be given to the family. Checking off the children who no longer attend the centre, assists the health unit to reconcile the stats for the Ministry, and will stop any future letters being sent to the centre for that child.
  - b. Or the childcare operator can hand out all the letters (without looking at the information in the centre's records), and just mark off who is no longer in the facility on the list. If choosing this option, please remember that the *Childcare and Early Years Act* (CCEYA) legislation does state that the centre is required to have up-to-date records within the facility. Ensure that you are meeting this requirement.
5. The childcare operator will send this list back to the health unit by fax (519-663-0416) within one month of receiving it. A reminder may be sent to you if it is not received within that time frame.
6. The more we work together and promote the reporting of immunizations with families, the less children should be on this list each year!

## How to keep records current the rest of the year:

Each centre has its own way to keep immunization records. No matter how you choose to keep and maintain the immunization records, it is important to keep records updated as the children become older. Childcare centres are accountable through the CCEYA to have up to date records to maintain licensure. Health units are accountable to the Ministry of Health and Long-Term Care by having complete records for children within the Ontario database. Keeping up with this on both sides will help maintain health for children.

You can utilize any ongoing communication methods you need to ensure that the information comes to you on an ongoing basis.

By 19 months of age, all children should have had all the primary immunizations required until they attend school, so if all of the records are complete, these children won't need vaccines again until after they are in school. Each year, the screening review can become less of an issue if there are more children's records up to date in each centre.



## Exemptions

If any of your families choose to “exempt” their children from vaccines, it is important that both you and the health unit have that information on file. Children can be exempt from legislated immunizations for two reasons: Philosophical (conscience/religious beliefs) or Medical.

**Philosophical (conscience/religious beliefs)** exemptions are the most common and are used when parents want to exempt their child from some or all vaccines that are mandated under the Ontario schedule.

Make sure the parent has the proper “Statement of Conscience or Religious Beliefs” form. It must say, “Child and Early Years Act” (CCEYA) on it, not the “Immunization of School Pupil’s Act”. We have outlined them separately on the health unit website, but sometimes parents do end up with the wrong form. According to the law, the right form must be signed, as the legislation for each age group is separate, and the vaccines listed as required are different. The parents will have to have the school form signed once their child goes to Junior Kindergarten, even if they previously had the childcare form signed.

This form needs to be notarized by a lawyer, notary, or other professional that has the legal right to notarize forms. The name should be included on a stamp to show who signed it, with their designation.

**Medical** exemptions to mandatory vaccines are not common but are used when physicians feel that it is not safe to vaccinate for a specific amount of time, due to a medical reason. This must be on the “Statement of Medical Exemption Form”, specific to the CCYEA. This form must be signed by a physician or nurse practitioner. A note from a healthcare provider is not enough for this purpose. The form must state exactly which vaccines are exempted, and for how long.

Both types of forms need to be filed with your records at your centre. Since the Middlesex-London Health Unit requires this information as well, you can fax this to us when you receive it at 519 -663-0416 (as the parents won’t have two copies, and they can’t enter this information online). Ensure that the childcare facility name is on the fax, and that the child’s name and birthdate are written clearly.

## Ontario Immunization Schedule Information (Table 1):

Vaccine	Schedule	Other Information
<b>“Pediace! ”:</b> <b>Tetanus, Diphtheria,</b> <b>Polio, Pertussis, Hib</b>	2 months 4 months 6 months 18 months	-first dose cannot be given prior to 6 weeks of age -first three doses must be a minimum of 4 weeks apart -the third and fourth dose must be a minimum of 6 months apart -all components of this vaccine must be given. Sometimes in other countries, they may be split up. If one component is missing, the whole vaccine will need to be given again (polio is the only one that is available to be given separately in Canada)

# Immunizations and Records



<p><b>“Pevnar13”: pneumococcal 13</b></p>	<p>2 months 4 months 1 year</p>	<p>-first dose cannot be given prior to 6 weeks of age</p> <p>-first two doses must be a minimum of 8 weeks apart</p> <p>-the third dose must be after the age of one year, and at least 8 weeks after the second dose</p> <p>-if Pevnar is started at a later age, less doses are required (call for information)</p>
<p><b>“Neis Vac-C” or “Menjugate”: Meningococcal-C</b></p>	<p>1 year</p>	<p>-this vaccine must be given on or after the first birthday</p> <p>-if any type of meningococcal vaccines were given already, Men-C needs to be given 28 days or more afterwards</p> <p>-if the vaccine was given in another country, call the health unit for assistance, as the dose may not be valid</p>
<p><b>“MMRII” or “Priorix”: Measles, Mumps, Rubella (MMR)*</b></p>	<p>1 year</p>	<p>-this vaccine must be given on or after the first birthday</p> <p>- this vaccine can be given on the same day as varicella</p> <p>-see * below</p>
<p><b>“Varivax” or “Varilrix”: Varicella (chickenpox)*</b></p>	<p>15 months</p>	<p>-this vaccine can be given at a minimum age of 1 year</p> <p>-this vaccine can be given on the same day as MMR</p> <p>-see *</p>
<p>-----</p>	<p>-----</p>	<p>*live vaccines must be given on the same day or separated by at least 28 days to 3 months (MMR, Varicella). If two are given closer together, the vaccine that was given 2<sup>nd</sup> must be repeated.</p>

Other vaccines may have been given and can be recorded as well (e.g., Rotavirus, Meningococcal-B, Hepatitis A/B etc.)





## Other Health Records Requirements:

1. Full name, date of birth and sex for each child in our facility.
2. The Ontario Health Card number under which each child is covered.
3. The home and work addresses and telephone numbers of parent for each child.
4. The telephone number of a person to be contacted if the parent cannot be reached.
5. A note of any special medical or additional information that could be helpful in an emergency.

Update records with information supplied by parents or caregivers regarding special medical conditions or occurrences.

Use a standard Health History form to record all health information and demographics. Ensure that the infection control measures and policies in your centre are clearly understood by parents prior to the child's entry. Policies should be communicated in writing to avoid misunderstandings later.

## Childcare Provider Health Records

1. Ensure that childcare providers are up to date with the immunizations below
2. Keep a record of immunization in each childcare providers' personnel file
3. Update childcare providers' health and immunization records as necessary
4. Require childcare providers and volunteers to stay off work when they are ill

*\*Childcare providers are encouraged to keep their immunization record up to date as their personal record. A copy of the childcare provider's yellow immunization card can be used for this purpose.*

## Requirements for Childcare Providers

Immunizations that are **required** include:

### **Tetanus-Diphtheria-Pertussis (Tdap) booster**

To be adequately immunized against tetanus and diphtheria, childcare provider's must have received at least three doses of a tetanus-diphtheria containing vaccine. A tetanus-diphtheria booster is required every 10 years. It is also required that adults receive one dose of a pertussis-containing vaccine which only comes in combination with the tetanus-diphtheria vaccine (Tdap). This dose of pertussis containing vaccine (Tdap) should be given as soon as possible if it has not already been received, regardless of when the last tetanus-diphtheria vaccine was received.

Most childcare providers would have received a Tdap vaccine in high school. Their next vaccine as an adult, 10 years later, would also be Tdap. After that, Tdap can be given every 10 years. Ensure that at least one of their adult boosters was Tdap for adequate protection against pertussis. This vaccine is safe for use during pregnancy. If a childcare provider has a dirty wound five years or more after receiving their last tetanus containing vaccine, they will need another tetanus-diphtheria booster after the injury. The tetanus shot always comes combined with diphtheria.



## **Measles, Mumps, Rubella (MMR)**

Adults born in 1970 or later require two doses of MMR that should have been given **on or after their first** birthday.

Adults born before 1970 are generally considered immune to measles and mumps, but for extra protection and to protect against rubella it is advisable that these adults receive one dose of MMR. If the past vaccination history is uncertain, the MMR vaccine can be administered as there are no additional risks in giving the vaccine if someone is already vaccinated or immune from past infection. A blood test may be done to check for immunity to measles, mumps, and rubella, but results are not always conclusive.

The MMR vaccine should not be given during pregnancy, and pregnancy should be avoided for at least **ONE** month after receiving the MMR vaccine.

## **Recommendations for Childcare Providers**

Other immunizations that are recommended and **not required** include:

### **Varicella (Chickenpox)**

Childcare providers should be questioned regarding a history of chickenpox. Those known to have had chickenpox are considered immune. Those who have not had chickenpox or are unsure can either receive two doses of the chickenpox vaccine or can have a blood test to assess whether they are protected. Childcare providers who have a blood test and are found not to be protected should receive two doses of varicella vaccine given at least 6 weeks apart.

The chickenpox vaccine should not be given during pregnancy, and pregnancy should be avoided for at least **ONE** month after receiving this vaccine.

### **Hepatitis B**

Hepatitis B is a virus that is transmitted by blood and bodily fluids, including saliva, of an infected person. Because childcare providers can be exposed to hepatitis B through bites from children or when cleaning up blood, the hepatitis B vaccine is recommended. For adults, the hepatitis B vaccine is a series of 3 shots, given over a 6-month period. A blood test to show that the vaccine has worked should be taken one month after the last shot is completed.

A record of their hepatitis B vaccinations and blood test results should be maintained in the childcare provider's personnel file. Please note that a two-dose schedule of hepatitis B vaccine is routinely offered to Ontario school pupils in grade seven (up to age 15). Employees who were vaccinated in grade seven may only have two doses as a complete series, and these individuals can also have a blood test to show that they are immune. If the blood test does not indicate that the person is immune, please contact the health unit for advice.

### **Influenza (flu)**

Influenza is a respiratory disease caused by a virus that is easily spread from person-to-person through coughing and sneezing. It can also be picked up through direct contact with surfaces and objects, like unwashed hands and toys. Influenza illness has been shown to peak in children several days before the general public, and it can spread influenza into the community quickly. Children less than 6 months of age are a high-risk group for whom the complications of influenza may lead to hospitalization. This age group is not able to be immunized. Anyone over 6 months of age is offered free influenza vaccine each year and it is strongly recommended that childcare providers of childcare centres receive influenza vaccine every fall to protect themselves and the children they care for. The influenza vaccine is given each year because the virus that causes influenza changes often. The vaccine is considered safe for pregnant women and for breastfeeding mothers.



## Summary of Childcare Providers Immunization Requirements/ Recommendations

Vaccine	Schedule
<b>Tetanus, diphtheria</b>	-Three doses of a tetanus and diphtheria containing vaccine -Booster <b>required</b> every 10 years
<b>Pertussis</b>	-One-time adult dose is <b>required</b> for adults over the age of 18 (given as part of the tetanus and diphtheria vaccine)
<b>Measles, mumps, rubella</b>	-Two doses of MMR vaccine are <b>recommended</b> for those born in 1970 or later -At least one dose of MMR vaccine is <b>recommended</b> for those born before 1970
<b>Hepatitis B</b>	- <b>Recommended</b> for all childcare providers (this vaccine is not publicly funded after grades 7 and 8 age unless there are certain high risk health factors)
<b>Influenza</b>	-Strongly <b>recommended annually</b> for all childcare providers
<b>Varicella (chickenpox)</b>	-Two doses of vaccine are <b>recommended</b> unless there is a history of chickenpox infection, evidence of immunity or for childcare providers who are 50 years of age or older (this vaccine is not publicly funded unless the provider was born within or after the year 2000)



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Early identification and detection of illness is one of the pillars of effective infection prevention and control in your centre. In doing such, regular education to parents/guardians, staff and volunteers of signs and symptoms is recommended.

It is important that policies and procedures be in place and routinely reviewed. This will help decrease the spread of infection and reduce the potential for centre-wide outbreaks. Depending on severity of illness and overall infectivity, different exclusion parameters may be followed, and are further examined in chapter 3. Parents and/or guardians should be aware of their responsibilities and ensure that children who are too ill to participate remain away from the centre.

Furthermore, daily health checks are a requirement of O. Reg. 137/15 (section 36). It is important to quickly but systematically assess his/her condition as he/she arrives at the centre. Parents/guardians should also be consulted to ensure that their child has not developed any signs and symptoms of illness since last being at your centre.

## How Infection Spreads

Understanding how infections spread is the first step in preventing and controlling illness in your centre. Providing education to staff and parents on the following key points may be beneficial;

- Illnesses are caused by bacteria, viruses, or other micro-organisms
- Micro-organisms are found in body secretions; such as stool or in tiny droplets
- Micro-organisms can be spread via aerosolization (i.e., through breathing, coughing, or sneezing), direct contact with contaminated materials (i.e., blood/bodily fluids) or toys/surfaces
- Infants and young children are particularly vulnerable because they have not yet developed natural immunity
- Extended periods of time in group settings increases opportunities for acquiring illness
- People can spread some infections without being sick themselves. Several infections are contagious before any symptoms appear or after the acute illness is over; others may not have symptoms at all

## Infection Prevention Measures:

- Regular hand washing of children, staff, and volunteers
- Ongoing cleaning and disinfection practices of entire centre, toys and equipment
- Up to date immunization for children and staff
- Exclusion and isolation of ill children, staff and volunteers
- Encourage proper respiratory etiquette (i.e., teaching children to sneeze or cough in their arms)



## Routine Practices

Routine practices protect you by stopping the spread of blood-borne infections. Routine precautions assume that blood and body fluids of all individuals may carry diseases such as Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV). Routine practices should be used whenever there is a risk of exposure to blood or body fluids. Body fluids include vomit, feces, and fluids from coughing or sneezing.

### *Examples...*

#### **Handwashing**

- Hands should be washed after touching blood, body fluids, and contaminated items, whether or not gloves are worn. Alcohol-based hand rubs can be used unless hands are visibly soiled.

#### **Gloves**

- Wear gloves when touching blood, body fluids, and contaminated items.
- Remove gloves promptly after use, before touching other items and surfaces.
- Wash your hands right after removing gloves to avoid transfer of organisms to other people.

#### **PPE – Personal Protective Equipment**

- Depending on the task, it is important that correct PPE be worn.
- For example, eye protection and gowns for splashing of blood or body fluids.

#### **Cleaning and Disinfection**

- Items or surfaces soiled with blood and body fluids need to be cleaned and disinfected in a way that protects the individual that does the cleaning and others.

## Handwashing

The single most important thing you can do to control infection is to keep hands clean - yours, your staff's, and those of the children in your care.

Use a hand wash sink supplied with hot and cold running water, paper towels, and liquid soap in a dispenser. The best hand wash sink has hot and cold water mixed through one faucet with foot, knee or wrist-operated controls. Hot water temperature should not exceed 49 C (120 F) to prevent scalding.

1. Wet hands: with warm running water
2. Apply liquid soap: Antibacterial soaps are not necessary
3. Lather hands: Be sure to scrub: between your fingers, your fingertips and fingernails, the back of your hands and wrists
4. Rub your hands for 20 seconds – the time it takes to sing “Happy Birthday” twice
5. Rinse well under running water
6. Dry your hands with paper towel
7. Use the paper towel to turn off the taps. ***Do not use your bare hands to turn off hand water controls***



## Moments for hand hygiene

- When children, staff and volunteers arrive at centre
- After using the bathroom or changing diapers
- After coughing, sneezing or blowing your nose, or assisting a child
- After contact with someone who is sick
- Before eating and preparing food
- Before touching your, or a child's mouth, eyes, nose or open cuts
- After touching animals, their waste (poop), their food or treats
- Anytime they look dirty

## Special considerations for hand hygiene of children

- If children are too young to do it themselves, educators should do it for them
- For older children;
  - **tell** the children to wash his/her hands correctly
  - **show** the child how to wash his/her hands if he/she doesn't know or has forgotten
  - **remind** the child that washing hands will help to keep him/her from getting sick.

## Alcohol-Based Hand Rub (Hand Sanitizer)

Alcohol based hand sanitizers are an effective tool when hands are not visibly soiled. If hands are heavily contaminated then the alcohol in the gel cannot effectively work against the bacteria, therefore handwashing is required first to eliminate any visible debris.

## When to use hand gel

- Where a hand basin is not readily available (i.e., outside play and wiping or blowing nose)

## When NOT to use hand gels

- Before preparing food
- After handling raw meat products
- After using the washroom
- When hands are heavily contaminated
- In between diaper changes





## Cleaning and Disinfection in Your Centre

Toys, play equipment and surfaces can be an excellent reservoir for pathogenic microorganisms that are present in saliva, respiratory secretions, feces and other bodily fluids (IPAC, 2016). In order to reduce the potential spread of these pathogens, it is important to follow proper cleaning and disinfection steps.

1. Clean articles with a warm soap and water solution. This will allow the physical removal of contaminants as well as any visible dirt or debris.
2. Rinse with potable water
3. Use an approved sanitizing solution (see below) according to dilution and contact time requirements, or along with manufacturer's instructions.
4. Allow sanitizer to remain wet on surfaces for a minimum of 45 seconds to allow proper disinfection to take place
5. Rinse with potable (clean) water
6. Allow to air dry completely before storing

A formal policy and written procedure can assist educators and centre staff in completing routine cleaning and disinfection practices. In addition, new/temporary staff and volunteers should be provided with appropriate training to help ensure that these practices are done correctly (IPAC, 2016). Cleaning and disinfection logs are a great tool to ensure that consistent cleaning and disinfection practices are being conducted in your centre. It is also recommended that soiled toys and equipment be stored separately (i.e., dirty/used toy bin) until they can be cleaned and disinfected (IPAC, 2016).

To reduce the risks associated to various sanitizing solutions, all chemicals must be stored in a locked cupboard, out of reach of children and away from food products.

### Approved Disinfectants

Toys, equipment and surfaces must be disinfected using an approved process with proper dilution and contact times, or according to manufacturer's instructions. Commonly used sanitizing solutions for childcare centres can include but are not limited to:

- Chlorine (bleach)
- Quaternary ammonium
- Accelerated hydrogen peroxide

Test strips will assist staff in ensuring that adequate concentrations are met. If appropriate and available, mechanical/chemical dishwashers can also be used for some toys. In an outbreak situation, cleaning and disinfection practices may be subject to change.



## Recommended Cleaning and Disinfection Frequency

### *More Than Once a Day*

- Bathroom surfaces such as faucet handles, toilet seats and potty chairs after every use
- Any mouthed toy should be cleaned after each use, and between children
- Shared electronic games, video equipment and computers should be cleaned between users

### *Once a Day*

- Crib rails, hard-surfaced toys, face cloths
- Water play equipment should be dumped and surfaces should be cleaned/disinfected
- If children do not use the same cot every day, wash/remove mattress covers and bed linens and wash/disinfect cot
- Rinse any soiled clothing in toilet; then place in plastic bags and return to parents. **It is highly discouraged that clothing/garments soiled with stool be washed at your facility.**

### *Once a Week*

- Floors, low shelves, doorknobs, and other surfaces likely to be touched by infants and toddlers
- If children use the same cot every day, wash mattress covers, bed linens and wash/disinfect cots
- Toy storage boxed/cupboards, or when visibly soiled
- Stuffed toys, dress up clothes (automatic washing machine)

### *Once a Month*

- Clean and sanitize vaporizers or humidifiers.

### *Discard / Replace*

- Limit shared books, magazines, puzzles, cards, and comics to one child (if possible) and discourage mouthing of objects – discard when visibly soiled
- Routinely inspect toys, equipment signs of wear and tear. Damaged items increase the risk for safety concerns and are not able to be properly cleaned and disinfected.



## Sample Diaper Changing Procedure

**Never leave a child unattended on the change table. Make sure everything you need is within easy reach.**

1. Wash hands with soap and water before each change.
2. Assemble supplies within easy reach.
3. Hold child away from your clothes as you place him/her on the sanitized change table. Remove diaper.
4. Clean child's skin with a moist disposable cloth, wiping from front to back. Remove all soil; do not forget the skin creases.
5. Wipe hands on a clean disposable cloth and place it in waste container.
6. Diaper and dress the child.
7. Wash the child's hands and return him/her to play or sleep area.
8. Discard soil from diaper in toilet. Avoid splashing. Place diaper in waste container lined with a plastic bag.
9. Place soiled clothing in a plastic bag and return to the parent at the end of the day. This includes soiled cloth diapers. **Do not wash clothes soiled by stool.**
10. Clean the change surface with soap and warm water. Rinse and wipe dry. Use an approved sanitizing solution and allow to air dry.
11. Wash your hands thoroughly with soap and warmwater.

*Note: Use skin care products only if requested by a parent and only for the designated child. Be sure that skin care products are labelled with the child's name.*

## Potty Chairs

- Choose potty chairs that are made of smooth, non-absorbent, easy-to-clean material.
- Store potty chairs in bathroom, not in playrooms or hallways. Use potty chairs in a location where children cannot reach toilets, other potty chairs or other potentially contaminated surfaces.
- After each use, empty potty contents into a nearby toilet.
- Rinse the potty in a sink reserved only for this use.
- Wash and sanitize the potty chair and sink.
- Wash your hands.



## Mixing of Chlorine (Bleach) Solution Instructions

Household bleach (5.25% sodium hypochlorite) mixed with water is an inexpensive and effective disinfectant. By mixing different amounts of bleach with water you can make a high, intermediate-high, intermediate, or low-level disinfectant.

**\*\*Surfaces or toys that have been disinfected with concentration greater than 200 ppm chlorine must be rinsed using water after the contact time has elapsed.**

### High level disinfection:

(Approximately 5000 ppm)

#### *Preparing a 1: 10 Household Bleach Solution:*

62 ml (1/4 cup) household bleach + 562 ml (2 1/4 cups) water

250 ml (1 cup) household bleach + 2250 ml (9 cups) water

#### *Recommended Uses:*

Cleaning up blood or body fluid spills

#### *Minimum Contact Time:*

10-20 minutes

### Intermediate level disinfection:

(Approximately 1000 ppm)

#### *Preparing a 1: 50 Household Bleach Solution:*

20 ml (4 teaspoons) household bleach + 1000 ml (4 cups) water

100 ml (7 tablespoons) household bleach + 5000 ml (20 cups) water

#### *Recommended Uses:*

During outbreaks of respiratory diseases or vomiting and diarrhea

#### *Minimum Contact Time:*

10-20 minutes

### Low level disinfection:

(Approximately 500 ppm)

#### *Preparing a 1: 100 Household Bleach Solution:*

5 ml (1 teaspoons) household bleach + 500 ml (2 cups) water

62 ml (1/4 cup) household bleach + 6138 ml (24 3/4 cups) water

#### *Recommended Uses:*

Routine disinfection of toys, equipment, tables washrooms (change tables, potty seat)

Leave the solution on the surface for a minimum of 5 minute(s)



*Minimum Contact Time:*  
5 minutes

**Sanitization\*:**

(Approximately 100 ppm) – **\*no** rinse required

*Preparing a 1: 500 Household Bleach Solution:*

1 ml (1/4 teaspoons) household bleach to 500ml (2 cups) water

20 ml (4 teaspoons) household bleach to 10 L (40 cups or approx. 2 gallons)

*Recommended Uses:*

Routine disinfection of toys, dishes and utensils and food contact surfaces\*\*

*Minimum Contact Time:*

immerse for minimum of 45 seconds

**Tips for Use:**

A bleach and water solution should be mixed daily to preserve its strength

Cleaning must be done prior to disinfecting

## Animal Management

Animals can be an asset to childcare centres and can provide invaluable learning opportunities. However, if inappropriately selected and/or managed an increased risk for infection or injury may be presented. Proper policies and procedures around different types of animals can help mitigate some of these risks.

Consider the following issues when making a decision about allowing animals in your childcare centre:

- cleanliness
- transmission of infections
- safety (bites and scratches)
- allergies

The Ministry of Health and Long-Term Care's Guidance Document for the Management of Animals is a great resource for those considering animals in their centres. Please visit [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](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) or call 519-663-5317 for more information. Refer to Ontario Regulation 137/15, section 41, for further information regarding vaccination of cats and dogs in childcare centres.



## References

Infection Prevention and Control Canada. 2016. *IPAC Canada Practice Recommendations for Toys*. Retrieved from:

[https://ipaccanada.org/photos/custom/Members/pdf/Toys%20Practice%20Recommendations %202016 final Jan2017%20-%20FINAL%20FINAL%20ENGLISH.pdf](https://ipaccanada.org/photos/custom/Members/pdf/Toys%20Practice%20Recommendations%202016%20final%20Jan2017%20-%20FINAL%20FINAL%20ENGLISH.pdf)

Ontario. Ministry of Health and Long-Term Care. Recommendations for the management of animals in childcare settings. Revised January 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Retrieved from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/reference.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/reference.aspx)

Ontario. Ministry of Health and Long-Term Care. Recommendations to prevent disease and injury associated with petting zoos in Ontario. Toronto, ON: Queen's Printer for Ontario; 2011. Retrieved from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/reference.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/reference.aspx)



*\*Note: The content of this 2020 version of Safe Healthy Children: A Health and Safety Manual for Childcare Providers was completed before the COVID-19 Pandemic and thus provides information about illness symptoms according to “pre-COVID” guidelines. Please continue to consult current documents provided by the Ontario Ministries of Education and Health, the MLHU website at <https://www.healthunit.com/covid-19-resources-schools-and-child-care>, or contact The Early Years Outreach Team for clarification [EarlyYearsOutreach@mlhu.on.ca](mailto:EarlyYearsOutreach@mlhu.on.ca).*

*However, guidelines in this section only, “**Infection Control and Management**”, relating specifically to fever and diarrhea were revised in October 2021*

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Dealing with illnesses and infections in your childcare centre can, at times, be a difficult and stressful experience. This may, at times, present unique challenges that may be mitigated through both parent and staff education and supported through policies and procedures. This chapter will assist your centre in identifying some of the key areas associated with illness management, and aid in the development of centre-specific policies and procedures.

## Reducing Spread of Infection and Illness

One of the most important methods to reducing the spread of illness is the prompt identification of signs and symptoms, and their proper management. Children should be isolated from others and/or excluded from the centre if they are experiencing illness. It is recommended that a designated area be identified in your centre to help accommodate this process, such as the director/administrator's office. If a child is excluded from the centre, it is recommended that they remain away from the centre until they are well. For more information, refer to sections 36 and 37 of O. Reg. 137/15.

Another important strategy is open communication between childcare educators and parents/caregivers. It is important that parents be notified when children become ill throughout the duration of the program, and parents inform childcare staff upon drop-off if their child is feeling ill. Daily health checks/illness tracking forms are an excellent way to monitor overall health status of children. For more information, refer to section 36 of O. Reg. 137/15.

## Reporting Diseases to Public Health

Certain diseases require notification to local health units due to potential implications to public health. These diseases were formally referred as "Reportable Diseases", and now renamed as "Diseases of Public Health Significance". A list of these diseases can be found at <https://www.healthunit.com/reportable-diseases>. This can be posted in a convenient location for all staff to see.

To report a disease of public health significance, please contact a member of the Infectious Diseases Control Team at Middlesex-London Health Unit at 519-663-5317, or after-hours at 519-663-5317, option 2.

### **Be prepared to supply the following information;**

- name of the child and parent
- date of birth
- address
- telephone number
- physician's name
- name of hospital if child is admitted
- immunization information





## Understanding Infection in Children

The following section includes information that will help you to *assess* illness in children, *care for* sick children, and *control* infection. Some illnesses are more common than others, and some of which, require isolation/exclusion. Disease-specific information may be found within the newly revised, Guide to Common Childhood Infections.

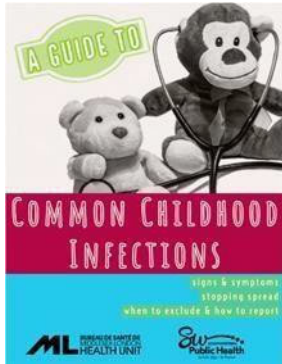


Figure: Guide to Common Infections

Additional resources including fact sheets can be found at <https://www.healthunit.com/> and Caring for Kids webpage. In addition, specific inquiries may be placed with a member of the Infectious Disease Control Team at Middlesex-London Health Unit at 519-663-5317.

### Diarrhea

Diarrhea is defined as an increase in frequency in stools and/or change to unformed, loose, or watery stool. Nausea and vomiting may sometimes accompany diarrhea. Infants and toddlers can become critically ill with severe diarrhea due to dehydration.

Diarrhea can be caused by a number of different factors. It is often difficult to identify by visual observation if it is of concern, or not. To identify infectious causes, a medical examination and laboratory tests are recommended. All children with unexplained diarrhea should be excluded from the childcare centre until symptoms have resolved or a medical attention has been obtained.

#### What to Do:

1. If a child has one episode of diarrhea, separate him/her from the group and watch for other signs of illness for the remainder of the day. If no more episodes of diarrhea occur, and the child does not appear to be ill, inform the parents at the end of the day.
2. If more diarrhea episodes occur during that day, inform the child's parents as soon as possible. It is best that the child remains at home until stools are normal for 48 hours. Suggest that the parent take the child to their doctor and request a stool culture if diarrhea persists.



3. Frequent diarrhea in combination of other symptoms such as fever, stomach pain or blood in the stool indicates that the child needs immediate medical attention. Inform the parents immediately, asking them to pick up the child and seek medical advice. Exclude the child until stools are normal for 48 hours.
4. Clean up the child's surroundings, including anything that might have been touched by the child's stool, as soon as possible after the diarrhea episode. Take special care with the diaper change area and with handwashing.

## Vomiting

Vomiting can be a regular part of childhood, and may, at times, be a result of problems not directly related to the bowel or stomach. In fact, the cause is not always due to infection. However, careful monitoring of children who vomit is key to identifying potential cause/source. It is also important to continue to watch for other signs and symptoms that may indicate underlying illness.

Young children sometimes vomit because of a fever, especially a high one. If the child also has episodes of diarrhea, you may suspect an infectious cause.

### *What to Do:*

1. When a child vomits, separate him/her from the group and watch for other signs of illness.
2. If diarrhea or more vomiting occurs, inform the child's parents as soon as possible. Tell them to keep the child home until he/she has completely recovered.
3. If the child appears to be unwell, or has diarrhea and/or vomiting, inform the parents immediately. It is recommended that children be excluded and assessed by health care provider.
4. Clean the area where the child vomited as soon as possible. Wash hands thoroughly.

## Fever

A fever may be suspected when body temperatures exceed 37°C (98.6°F). A fever is defined as a body temperature of 37.5°C (99.5°F) or higher when measured orally, or 37.5°C (99.5°F) when taken under the armpit. For the most up-to-date information, please visit

[https://www.caringforkids.cps.ca/handouts/fever\\_and\\_temperature\\_taking](https://www.caringforkids.cps.ca/handouts/fever_and_temperature_taking).

In general, the height of the fever has little to do with the seriousness of the illness. How sick a child acts is what matters!

### *What to Do:*

1. When deciding whether to check a child's temperature, caregivers should be guided by signs of malaise. These signs may include:
  - lethargy or irritability
  - uninterested in playing
  - not eating or drinking as usual
  - appears pale
  - shows obvious signs of pain or discomfort.



2. Contact the parents immediately about an unwell child, with or without a fever, and advise the parents to take the child home as soon as possible and seek medical attention as appropriate.
3. Observe the child closely until the parents arrive. While waiting for the parents, offer the child extra fluids and remove most clothing to allow the body to cool. Encourage quiet activity.
4. If you are unable to contact the parents, attempt to reach the emergency caregiver. If you are unable to contact either the parents or the emergency caregiver, you may consider administering medication. Please refer to your policies and procedures, as well as any licensing requirements for more information.
5. Continue to try and reach the parents or emergency caregiver. If you are unable to reach the parents or emergency caregiver, and the child appears very ill, have the child assessed by a physician as soon as possible.

## Rashes

Rashes in children may come from a wide variety of sources. When you are registering a child, ask the parents about chronic or recurrent rashes so that you won't worry unnecessarily when assessing the child for illness.

Most are spread by coughing, sneezing or breathing before rash is apparent. It is often ineffective to remove the child from the childcare when the rash becomes apparent because the infection has already been spread. When a rash occurs in conjunction with fever, infection is the likely cause.

## Influenza

Influenza (flu) is a common respiratory illness that typically peaks in the winter months. Common signs and symptoms of the flu include cough, fever, sore throat, headache, muscle aches and tiredness. Those at highest risk for complications from influenza are young children, the elderly, and those with pre-existing medical conditions.

### *What to Do:*

If a child or staff has influenza, they should be sent home. Children and staff can return to the centre when they no longer have a fever for 24 hours (without the use of medication), are feeling better and are able to participate in activities.

Keep an illness tracking list to monitor illnesses in each classroom. If there are two or more children ill with influenza-like symptoms in a classroom **or** there are three children ill in the centre within a 48-hour period, then the health unit should be notified. The centre should also report to the health unit an increase in absenteeism due to respiratory illnesses. You can fax this information to **519-663-8241** with the name of your facility and the number of children ill.

Influenza is spread by droplets. In addition to receiving the seasonal influenza vaccine, other ways to reduce the spread of illness in the childcare centre include;

- **Handwashing:** Increase the frequency of handwashing for both staff and children.
- **Hand sanitizer:** Provide alcohol-based hand sanitizer for all parents and visitors to the centre. These should be placed out of reach children.
- **Cover your cough:** Cough and sneeze into a tissue or your elbow.



- **Exclusion of sick children and staff:** Send children/staff with influenza-like illness home promptly. Children and staff can return when they are fever-free for 24 hours without the use of fever-reducing medication and are feeling better.
- **Enhanced environmental cleaning:** Focus on daily cleaning and disinfection of high touch surfaces (including but not limited to; doorknobs, sinks taps, keyboards, iPads, tables and counters) and toys.

## Outbreaks

When several children and/or staff become ill in a 48-hour period, notify the Infectious Disease Team immediately at 519-663-5317. Health unit staff will help identify if there is an outbreak and may also assist in managing the outbreak.

Health unit staff can help you answer the following questions about disease outbreaks.

- Should exposed children and staff receive medication or immunization?
- What other measures should be taken to protect exposed children and staff?
- What information should parents receive?

Be aware of any children in the childcare centre that are immunocompromised, these children may need special attention.

Refer to the [Guide to Common Infections](#) for exclusion guidelines.

## Management of Human Bites at Your Facility

Biting incidents can occur from time to time in your childcare centre. They can be distressing for all children involved, parents/guardians as well as childcare staff. For more information on preventing bites and risk associated, please visit [https://www.caringforkids.cps.ca/handouts/biting\\_in\\_child\\_care](https://www.caringforkids.cps.ca/handouts/biting_in_child_care).

As of May 2019, child bites are no longer reportable to Middlesex-London Health Unit (MLHU). For more information on risks associated with bites, please feel free to contact MLHU Infectious Disease Control team at 519-663-5317 or visit your local healthcare provider.

## Administration of Drugs or Medication

It is ultimately up to a childcare centre's discretion if drugs and/or medication are to be administered by staff to program participants. If a centre does choose to administer medication to children, written policies must be established to identify the procedure surrounding its administration. For further information, please visit O. Reg. 137/15, section 40, and [Childcare Licensing Resources](#) where instructions and tips on creating policies and procedures, and sample policies/procedures may be found.



To reduce adverse reactions to drugs and medications, it is important to refer to medication instructions and storage conditions. All drugs and medications must be supported by documentation completed by a healthcare provider and/or a child's parent/guardian.

Lastly, all drugs and medications must be properly labelled, and stored in secure conditions. Storage instructions should be consulted upon arrival (i.e., kept cool, or at room temperature) and that drugs/medications are inaccessible to children (i.e. in locked boxes).

## References

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Leduc D. Well beings: a guide to health in childcare. 3rd ed. Ottawa, ON: Canadian Paediatric Society; 2015.

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Ontario Ministry of Education. Childcare Licensing Resources. Queen's Printer for Ontario; 2019. Retrieved from: [www.edu.gov.on.ca/earlyyears/licensing-resources.html#\\_Licensing\\_Kit\\_\(Sample](http://www.edu.gov.on.ca/earlyyears/licensing-resources.html#_Licensing_Kit_(Sample)



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Healthy eating promotes healthy growth and development and a feeling of overall well-being. We want kids to grow up healthy and feeling good about themselves. There is more and more evidence that creating an environment for children where the norm is to be physically active and eat healthy can lead to life-long healthy habits and healthier body weights.

As a childcare provider, your role is to ensure that the children in your facility are in an environment where they receive nutritious meals and are exposed to healthy attitudes toward food through your leadership.

Planning and offering healthy menus that provide variety can be challenging. Some children are naturally selective about what they eat, and mealtimes can sometimes be hectic.

This section will help you meet the food and drink requirements in the *Childcare and Early Years Act*, 2014 (section 42 of Ontario Regulation 137/15).

For more information, refer to the childcare nutrition resources on the Ontario Dietitians in Public Health website. These reflect current best practices and were created to support childcare providers in planning and preparing healthy food for children in their care. [www.odph.ca/child-care-resources](http://www.odph.ca/child-care-resources).

NOTE: These resources are under review in consultation with the Ministry of Education (November 2022)

## Infant Feeding Recommendations

Refer to Ontario Regulation 137/15, section 42 for the associated requirements of the *Childcare and Early Years Act* and <https://www.healthunit.com/baby-food>.

1. Breastfeeding remains an important source of nutrition for older babies and young children as complementary (solid) foods are introduced. Support breastfeeding for up to two years and beyond, or as long as mother and child want to continue.
2. Supplemental vitamin D is recommended for infants and young children who are breastfed or receiving breastmilk until the age of 24 months. Vitamin D should be given at home.
3. Encourage responsive feeding based on children's hunger and fullness cues to promote the development of healthy eating skills.
4. From about 6 months, offer a variety of foods from Canada's Food Guide, as discussed with parents and/or caregivers.
5. A variety of soft textures such as lumpy, tender-cooked, finely minced, puréed, mashed, and ground as well as finger foods can be offered to infants from about 6 months.
6. Some foods are more likely to cause a food allergy than others. The most common food allergens are eggs, cow's milk, mustard, peanuts, seafood, sesame, soy, tree nuts, and wheat (see Food Allergy Recommendations below).
7. Encourage the use of an open cup.
8. Iron is a very important nutrient for young children. Iron rich foods should be offered daily.



9. Cow's milk can be introduced from 9-12 months and should be limited to 750 ml per day, so it does not interfere with the intake of other foods such as iron-rich foods.
10. Plant-based beverages such as soy, rice, cashew, and almond beverages are generally not recommended for children under the age of 24 months because they are not nutritionally adequate. If a child is not breastfeeding, and the family does not want to offer cow's milk starting at 9-12 months, soy formula should be offered until the age of 24 months. Unsweetened soy beverages are a good choice after 24 months of age.
11. Children should always be seated and supervised while eating.
12. Avoid offering hard, small and round, or smooth and sticky, solid foods. (See Keep Children Safe from Choking on Food below).
13. Young children are most susceptible to food borne illness. Practice food safety principles carefully. Refer to Food Storage and Preparation, Chapter 7.
14. Parents may bring breast milk, commercial infant formula, whole cow's milk, and/or food from home. Ensure that food and drink containers are labelled with name and date and stored in the refrigerator.
15. Use extreme caution with microwave reheating. Ensure that containers are microwave safe. Use low temperatures and short heating times. Stir food once heated and always test the temperature of the food before serving.
16. Do not offer honey in any form to children under the age of 12 months due to the risk of infant botulism.
17. [Feeding Your Baby](#) by Nutrition Connections is a booklet which offers detailed guidelines for infant feeding. Review relevant details with each infant's parents to confirm their instructions.

## Recommendations for Feeding Young Children

Refer to Ontario Regulation 137/15, section 42 for the associated requirements of the *Childcare and Early Years Act*.

The most important consideration for how much to feed children is to acknowledge that children's appetites vary from meal to meal and day to day. Children need different amounts of food depending on age, activity level, stage of development, growth and appetite. Many parents and caregivers are concerned about how much or how little children eat. Most children know best how much food they need. Allow children to choose from a variety of foods provided. Never force children to eat and do not reward children for eating. If a child is still hungry, let them have more food. If we allow children to self-regulate, they generally eat the amount they need to grow properly over time.





The portion size ranges provided are **guidelines**. They have been calculated using Canada's Food Guide (2007) serving sizes. Start by offering servings at the lower end of the range. If a child is hungry let them have more. Ensure that the centre has sufficient food to provide the amounts at the higher end of the range if children ask for more. Note: the nutrition requirements and recommendations are still based on 2007 Canada's Food Guide recommendations and are being revised (November 2022).

## Portion Size Ranges According to Age of Child

Age Group	Portion Size Range
12 to 24 months	¼ to 1 Food Guide serving
2 to 5 years	½ to 1 Food Guide Serving
6 to 8 years	1 to 1 ½ Food Guide Servings
9 to 12 years	1 to 2 Food Guide Servings

## Menu Planning Recommendations

Refer to Ontario [Regulation 137/15](#), section 42 for the associated requirements of the *Childcare and Early Years Act*.

### *Tips for Menu Planning (Meals):*

1. Each meal should include protein foods, whole grain foods and vegetables and fruit.
2. Choose a different iron-rich protein source (beef, pork, chicken, eggs, legumes) for each day. Include fish at least once per week. Include legumes, tofu, eggs etc. at least once per week. Include calcium rich protein foods (milk, cheese, yogurt) twice per day. Include 2 different vegetables and fruit at meals. Remember to include both cooked and raw choices. Make the most of the colours and variety available in season. Select whole fruit rather than juice.
3. Add a variety of whole grain breads, cereals and other grains, like whole grain breads, oatmeal, whole wheat pitas, tortillas and English muffins, whole wheat pasta and brown rice.
4. Add milk to drink and possibly another milk and alternatives serving. Remember to serve whole (homo) milk for children under 2.



5. Select the snacks for the week, including foods from at least 2 food groups to complement the meals, ensuring that the snack includes one serving of vegetables or fruit.
6. Add condiments in moderation. These include cream cheese, jam, honey, mayonnaise, syrup, ketchup, salad dressing, dips, etc.
7. Do not serve low nutrient, high sugar, salt and/or fat food such as popsicles, fruit-flavoured drinks, hot dogs, cake, cupcakes and chips. See the Food and Choice Beverage Tables in the Practical Guide.
8. Put variety into your menu by contrasting the colors, textures, sizes, shapes, temperatures, and flavours of foods.
9. Serve foods in forms that young children can manage easily. Include some finger foods such as vegetable sticks and fruit sections.
10. Introduce new foods in small quantities. Encourage children to try them but do not insist.

In addition to the recommendations of *Canada's Food Guide*, the Ontario Dietitians in Public Health are developing resources with more detailed information to help childcare providers meet the food and drink requirements in the Childcare and Early Years Act, 2014 [www.odph.ca/child-care-resources](http://www.odph.ca/child-care-resources). In the Menu Planning and Supportive Nutrition Environments in Childcare Settings – Practical Guide, see the Food and Beverage Choices tables. (November 2022)

## **These guidelines provide Food and Beverage Choices Tables for:**

- Foods and Beverage Choices to Serve Most Often
- Foods and Beverage Choices to Serve Sometimes
- Do Not Serve Food and Beverage Choices

## **Keep Children Safe from Choking on Food**

Always supervise young children when eating. Children younger than 4 years of age are at higher risk of choking. Caregivers can reduce the risk of choking by: being aware of child's ability to chew and swallow, supervising eating, and knowing how to respond if choking occurs.

### *Foods to avoid for children under 4 years of age:*

- Hard Candies
- Gum & Gummy Candies
- Dried fruit
- Marshmallows
- Whole nuts (including peanuts)



- Sunflower Seeds
- Popcorn
- Fish with Bones
- Snacks on Toothpicks or Skewers

### *Foods that require special preparation:*

- Grapes or cherry tomatoes- slice lengthwise
- Hot Dogs, Sausages- slice lengthwise
- Raw vegetable or hard fruit - chop or grate
- Peanut Butter- spread thinly on toast or crackers
- Stringy foods like celery and pineapple – chop finely

## **Creating A Supportive Nutrition Environment**

It is important for childcare providers to offer supportive nutrition environments where children eat, learn, play and grow, especially because many young children spend a large portion of their day in childcare. Childcare providers play an important role in helping children develop a lifelong positive relationship with food.

In addition to developing menus that offer nutritious food and beverage choices, childcare providers are able to adopt and model practices and attitudes that create and maintain supportive nutrition environments.

A supportive nutrition environment encompasses not only physical structures such as chairs, utensils, food, and a setting free from commercial influences, but also supports children's social and emotional needs during their interactions with childcare providers.

For more information about creating a supportive nutrition environment, consult the Menu and Nutrition Environment Self-Assessment Tool for Childcare Settings at [www.odph.ca/child-care-resources](http://www.odph.ca/child-care-resources).

## **Food Allergies Recommendations**

Refer to Ontario Regulation 137/15, section 43 for the associated requirements of the *Childcare and Early Years Act*.

Food allergies can have serious consequences. Be prepared to care for food allergic children in your centre.

1. Refer to Anaphylaxis in Schools & Other Settings (3<sup>rd</sup> edition 2014) available at [http://www.aaia.ca/en/Anaphylaxis\\_3rd\\_Edition.pdf](http://www.aaia.ca/en/Anaphylaxis_3rd_Edition.pdf) to help your centre reduce the risk of accidentally exposing allergic children to allergens and to respond appropriately in an emergency.



- Establish a written allergy/anaphylaxis plan with the child's parent(s) or guardian
  - Ensure a health care provider has been consulted about this plan.
  - Work with the child's parent(s) and childcare staff involved with the child's meals and snacks.
  - Inform other parents of the presence of food allergies and request their cooperation.
  - Take steps to create safe conditions on and off-site.
2. Keep individual children's allergy/anaphylaxis plans up to date, in visible places, and made known to all staff.

## Special Dietary Arrangements Recommendations

Refer to Ontario Regulation 137/15, section 44 for the associated requirements of the *Childcare and Early Years Act*.

Suggest that they discuss with parents/caregivers and consult as needed with the Registered Dietitian at the Middlesex-London Health Unit by calling 519-663-5317 or [ginette.blake@mlhu.on.ca](mailto:ginette.blake@mlhu.on.ca)

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## Resources:

Healthy Canada, Canada's Food Guide (2019), <https://food-guide.canada.ca/en/> <https://food-guide.canada.ca/en/>

Healthy Canada, Eating Well with Canada's Food Guide - First Nations, Inuit and Métis (2010), <https://www.canada.ca/en/health-canada/services/food-nutrition/canada-food-guide/eating-well-with-canada-food-guide-first-nations-inuit-metis.html>

Middlesex-London Health Unit, Food and Healthy Eating section:  
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The food you serve the children in your care must be wholesome and healthy. Fresh and safely prepared food will help to prevent the spread of infectious disease and other health problems.

That means you must ensure that food is handled, stored and cooked safely.

This is an ongoing concern and the responsibility of all staff. Safe food practices must be kept in mind at all times. Make frequent checks during food preparation. Ensure that all staff are trained in proper handling, cooking and storing of food.

Make food safety a top priority in your facility.

## Food Safety in Childcare Settings

*The Childcare and Early Years Act* requires that operators comply with other legislation, including the *Health Promotion and Protection Act*. The Ontario Food Premises Regulation (O. Reg. 493/17), under the *Health Promotion and Protection Act*, applies to childcare centres.

The following information is a guide for food handling in childcare settings. It does not replace or cover all requirements contained in the Food Premises Regulation.

### General

1. Ensure that there is at least one certified food handler on-site. For food handler certification options, please visit <https://www.healthunit.com/food-handler-certification-program>.
2. Start with safe food – make sure your food comes from an approved source,
  - Do not serve unpasteurized milk or milk products.
  - Do not serve unpasteurized cider.
  - Do not serve honey or products containing honey or corn syrup to children under 1 year of age due to the risk of **Infant Botulism**.
3. Keep ready to eat food separate from raw animal products, during storage and preparation.
4. Provide a food thermometer to check temperature of food.
5. Cook food thoroughly – use a food thermometer to check.
6. Be aware of best before and expiry dates, use the oldest food first.
7. Store food in food grade containers
8. Ensure kitchen or food preparation areas is separated by a door or gate from areas where children play.
9. Keep non-food items, especially cleaning products, insecticides, mops, brooms and brushes in a separate area away from the food storage areas. Ensure that this area is inaccessible to children.



## Personal Hygiene

1. Establish and follow a clear policy regarding staff illness. If you require assistance in developing a policy, contact your Public Health Inspector at the Middlesex-London Health Unit.
2. Make sure your food handlers have clean outerwear (i.e., apron) and that their hair is confined.
3. Ensure that your food handlers wash their hands thoroughly using warm water and soap at the following times:
  - before starting work.
  - when returning to work after a break.
  - after using the washroom.
  - after handling raw meat or vegetables.
  - after handling garbage or garbage containers.
  - after blowing their nose or sneezing into a tissue.
  - after completing any other activity that may have contaminated the hands.
4. Ensure all children and staff wash their hands before eating.
5. Ensure there is a designated sink for hand washing that is not used for anything else.

## Food Storage

1. Cover all food with airtight seals, plastic wrap, or aluminum foil to protect it from contamination.
2. Ensure all food containers are labelled.

### **Refrigerated Storage**

1. Refrigerate all meat, fish, poultry, eggs, cooked rice, and dairy products. These are considered “potentially hazardous foods” because they support the growth of disease-causing organisms.
2. Check the labels of packaged products for instructions about refrigeration. Some hazardous foods may be subjected to processes such as drying or canning that will make them a low-risk food.
3. Ensure that each refrigerator and freezer has an accurate thermometer.
4. Check that each refrigerator is maintained at a temperature of 4°C (40°F) or lower.
5. Ensure that your freezer can keep food frozen.
6. Arrange food containers in refrigerator so that air circulates freely. Do not overcrowd the refrigerator.
7. Store raw animal products below ready to eat food.
8. Thaw frozen food in the refrigerator, **not** at room temperature.





9. Clean and sanitize all interior surfaces of refrigerators, racks and trays once a week. See sanitizing solutions on page 3.
10. Defrost refrigerators and freezers every three months for best efficiency.
11. Keep a log of cold holding temperatures.

## **Non-Refrigerated Storage**

1. Keep non-refrigerated food storage areas clean, dry, well ventilated, and adequately lighted.
2. Store food on shelves high enough off the floor to allow cleaning.
3. Use non-absorbent, easily cleanable shelving.
4. Clean storage rooms and cupboards once a month or more frequently as needed.

## **Cleaning and Sanitizing**

Wash and sanitize tables and counter tops for food preparation and serving before and after using. All food contact surfaces and utensils must be cleaned and sanitized after every use.

### **Dishwashing**

Wash dishes according to one of the two approved methods:

*Manual Method – requires three sinks, and the following steps;*

1. Wash dishes and utensils in the first sink with warm soapy water to remove all soil.
2. Rinse dishes and utensils in the second sink with clean water.
3. Immerse dishes and utensils in the third sink in a sanitizing solution at not lower than 24°C (75°F) for at least 45 seconds.
  - Approved sanitizing solutions include;
    - Chlorine: not less than 100 parts per million
    - Quaternary ammonium: not less than 200 parts per million
    - Iodine: not less than 25 parts per million
  - Use test strips to confirm concentration of chemicals.
4. Air dry

*Dishwasher Method*

1. Wash water must be at a temperature not lower than 60°C (140°F) or higher than 71°C (160°F).
2. Sanitizing can be done in one of 2 ways:
  - a rinse cycle that sprays clean water at a temperature not lower than 82°C (180°F) for a minimum of 10 seconds; **or**
  - a rinse cycle that sprays a sanitizer solution of the same strength and temperature as described above in the "Manual Method".



## Garbage Disposal

1. Have enough garbage containers to store all the garbage that is generated between collection days.
2. Choose durable plastic or metal garbage containers with tight-fitting lids.
3. Keep your garbage containers covered and away from food storage and food preparation areas.
4. Thoroughly clean and sanitize all garbage containers once a month or more frequently as needed. See sanitizing solutions on page 3.
5. Do not leave garbage in the kitchen overnight.

## Rodent and Insect Control

Proper food storage practices and garbage handling will help prevent rodent and insect infestations. Keep a record of all pest control actions taken.

1. Screen all doors and windows in your childcare centre. Maintain them in good repair.
2. Rotate food stocks regularly to prevent insect infestations.
3. Inspect all foods when they are delivered to your centre. Do not accept any products if you see insects.
4. Clean all food spills immediately.
5. Store food products in insect and rodent-proof containers.
6. If an infestation occurs, hire a licensed pest control operator to eliminate the problem. Arrange for the pest control service at a time when children are not present.
7. A safe healthy environment is the goal. Therefore, use poisons or traps as little as possible and with care to prevent injury to children and staff.

## Lead Flushing in Drinking Water

Children under the age of six are still developing and are more sensitive to the neurological and blood effects of lead. The Schools, Private Schools and Childcare Centres Regulation (O. Reg. 243/07) under the *Safe Drinking Water Act, 2002* aims to reduce the possible lead intake of children by requiring flushing in schools, private schools and childcare centres and requiring routine testing of lead levels in drinking water.

The Middlesex-London Unit has developed a *Protocol for Implementation of Ontario Regulation 243/07 – Schools, Private Schools and Childcare Centres* to assist staff of boards of education, private schools, childcare centres and health units in complying with the regulation.

A short summary of the requirements is listed below but more information is provided in the protocol. You can receive a copy of the document by contacting the Safe Water, Rabies and Vector Borne Disease Team at the health unit by calling 519-663-5317.



## 1. Mandatory Flushing

Childcare centres are required to conduct either daily or weekly flushing at water fountains and taps used to prepare food or drink or to provide water for consumption by children. Factors that influence include: the age of the plumbing system, lead test results from previous sampling, and the location and use of drinking water fixtures.

## 2. Mandatory Lead Sampling

Childcare centres are required to test **all** drinking water fountains and taps that provide drinking water or are used to prepare food and drink for children must be sampled for lead.

**Please note:** Fountains and taps that are not used to prepare food or drink or to provide drinking water for consumption by children do not need to be flushed or sampled for lead.

## 3. Notification of Adverse Lead Sampling Results

The operator of a school, private school or childcare centre who receives a test result that exceeds the Ontario Drinking Water Quality Standard for lead (i.e., **a result greater than 10 ug/L**) must within 24 hours give a copy of the report to the Medical Officer of Health; the Ontario Ministry of the Environment Spills Action Centre and the Ministry of Education.

If a sample indicates elevated lead levels, the operator of the school, private school, or childcare centre is required under Section 7 of O. Reg. 243/07 to take such steps as are directed by the Medical Officer of Health.

## 4. Recording Requirements

The school, private school and childcare centre operator must maintain records on flushing and testing and have these records available for inspection by any member of the public. The operator must keep flushing and testing records for a period of six years.

## 5. Requirements for Childcare Centres Operated Within Schools or Private Schools

Where a childcare centre is located in a school or a private school, both the operator of the school or private school as well as the childcare centre operator are responsible for complying with O. Reg. 243/07.

For more specific information on lead sampling and water flushing requirements please speak to a Public Health Inspector from the Safe Water, Rabies and Vector Borne Disease team at the health unit by calling 519-663-5317.



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## References:

Ontario Ministry of the Attorney General. (2017). *Health Protection and Promotion Act, R.R.O. 1990, Ontario Regulation 493/17: Food Premises*. Retrieved from:  
<https://www.ontario.ca/laws/regulation/R17493>

Ontario Ministry of the Attorney General. (2017). *Safe Drinking Water Act, S.O. 2002, c.32, ONTARIO REGULATION 243/07: Schools, Private Schools and Childcare Centres*. Retrieved from:  
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Childcare centres may have unique opportunities for children to explore the outside environment. Simple steps can be taken to protect yourselves and the children in your care regarding pests, animals and recreational water use. Taking a little bit of time to ensure that the activities you participate in are done in a safe and sanitary manner, will allow many hours of fun and learning for all.

## Vector Borne Disease Prevention and Protection

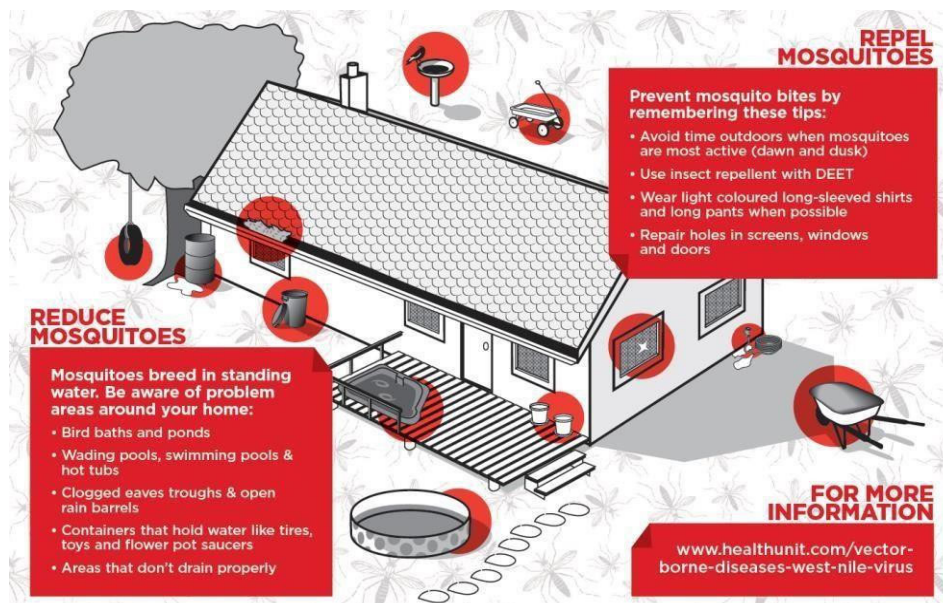
Vector Borne Diseases are diseases that are passed on to humans through the bite of an infected “vector” mosquito or tick. Childcare providers have the opportunity to expose children to outdoor play while reducing the risk of vector borne diseases.

### Mosquito Prevention and Protection Tips

Mosquitoes can transmit West Nile Virus or Eastern Equine Encephalitis to humans, so it is important that you protect yourself and those in your care when enjoying the outdoors.

- You can prevent mosquitoes from breeding on your property by eliminating areas where water is standing or pooling.
- You can also protect yourself and children in your care from mosquito bites by wearing light coloured clothing, avoiding times outdoors when mosquitoes are most active, and wearing insect repellent with DEET (make sure to follow product instructions).
  - Do not spray DEET in enclosed areas. Spray only in well ventilated areas.
  - Do not apply DEET to wounds to scratches.
  - Do not spray near food.
  - Do not apply DEET under clothing
- When a separate sunscreen and insect repellent are used at the same time, the effectiveness of the sunscreen may be decreased. More frequent application of the sunscreen may be necessary.

The following picture gives you more information on how you can prevent and repel mosquitoes.








## Tick Prevention and Protection Tips for Your Family

Ticks can transmit Lyme Disease to humans, so it is important to protect yourself and children in your care when enjoying the outdoors.

## Tick Prevention and Protection Tips

In Middlesex-London, there are two main types of ticks, Dog Ticks and Blacklegged Ticks. In Ontario, Dog Ticks do not transmit any disease, but Blacklegged Ticks can transmit Lyme Disease.

Dog Ticks		Blacklegged Tick
		
<p><b>Female Dog Tick</b></p> <p>(about the size of a pencil's eraser)</p>	<p><b>Male Dog Tick</b></p> <p>(about the size of a pencil's eraser)</p>	<p><b>Female Blacklegged Tick</b></p> <p>(can be the size of a sesame seed)</p>
<b>Does Not Transmit Lyme Disease</b>		<b>Can Transmit Lyme Disease</b>

The following steps may be followed to safely remove a tick that is attached to skin (follow childcare centre protocol):

- Wear gloves when handling ticks.
- Use tweezers and grab the tick as close to its head and the skin as possible.
- Pull the tick upward and away from the body with steady pressure. Be sure to pull the tick straight out.
- Once the tick has been removed, clean the area with soap and water. Seek medical attention if you are concerned about a possible skin infection.
- Wash your hands thoroughly.

If you find any Blacklegged Ticks on you or children in your care, you or the parent (follow childcare centre protocol) can bring the tick to the Middlesex-London Health Unit to get it tested for Lyme Disease.

For more information about the Middlesex-London Health Unit's Vector-Borne Disease program, please visit: <https://www.healthunit.com/vector-borne-diseases>



## Insects

Insects can be a nuisance, and many are harmless. However, some can cause adverse health effects. Teach children not to touch or play with plants, insects or animals. **Supervision is key.** Keep children away from plants and insects; and ensure that they don't put anything in their mouth. Insects to look out for include:

- Hickory Tussock Moth Caterpillar
- Bees, Wasps, Hornets, Spiders, Ants

To speak to a Public Health Inspector on the Environmental Health Team, please call 519-663-5317.

## Resources

Middlesex-London Health Unit

- <https://www.healthunit.com/hickory-tussock-moth-caterpillar>
- <https://www.healthunit.com/lyme-disease>
- <https://www.healthunit.com/vector-borne-diseases>
- <https://www.healthunit.com/west-nile-virus>

## Trips to the Petting Zoo

All animals naturally carry a range of microorganisms, some of which can be transmitted to humans and can cause illness. Some infections which may be contracted include the bacteria *E. coli* 0157:H7 which can cause severe illness in children.

*Here are some guidelines to follow:*

- Look for handwashing stations with running water and that are fully supplied with soap and paper towels. Pails of water provided for handwashing is not acceptable.
- Wash hands after touching the animals.
- Wash hands before eating.
- Discourage eating while petting animals.
- Do not drink unpasteurized milk.
- Prevent or reduce bringing bacteria into the daycare by cleaning or removing soiled articles (i.e. shoes).
- Seek medical attention if anyone is sick with vomiting or diarrhea.

For more recommendations to prevent disease and injury associated with petting zoos in Ontario, please view the associated *Ontario Public Health Standards: Reference Document*.





## Rabies

### What Is Rabies?

Rabies is a deadly virus spread to people from the saliva of infected animals<sup>1</sup>. The rabies virus is usually transmitted through a bite<sup>1</sup>. Rabies is almost always fatal, but prompt vaccination after an exposure will prevent the disease from progressing<sup>2</sup>. Any mammal can transmit the rabies virus<sup>1</sup>.

### How Can I Tell If an Animal Has Rabies?

Animals with rabies often act strangely. The animal may become aggressive or very friendly or show other signs associated with rabies; while these behaviours may be present in a rabid animal, you cannot determine if an animal has rabies just by looking at it.

### What Should You Do If an Animal Has Bitten/Scratched?

According to the Ontario Communicable Diseases – General Regulation (Reg. 557)<sup>3</sup> under the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7, all suspected incidents of rabies exposures, including animal bites or other animal contact incidents, must be reported to the health unit. Make sure you:

1. Follow childcare facility protocol for treating the wound (e.g., wash the area thoroughly with soap and water) and contacting parents
2. Get owners name/address/phone number and animal description

To report an animal bite or animal contact incident to the Middlesex-London Health Unit Rabies Prevention and Control Program, please contact us:

#### *During business hours*

- Monday – Friday 8:30 a.m. - 4:30 p.m.
- Rabies Coordinator – 519-663-5317

#### *After Hours, Weekends and Holidays*

- 519-663-5317 (follow prompts)

### Rabies Investigations and Animal Confinements

Public Health Inspectors (PHIs) on the Environmental Health team at the Middlesex-London Health Unit are involved in the investigation of all reported animal bite/scratch incidents to determine the person's risk of exposure to rabies and need for rabies exposure treatment (rabies vaccine).

Depending on the nature of the biting/scratching animal and circumstances, different steps are taken in the rabies investigation. Vaccine may be necessary to prevent human cases of rabies<sup>4</sup>.



## What Can I Do to Prevent Rabies?

- Immunize your pets against rabies – it's the law! All dogs and cats three months of age and older must be vaccinated – Ontario Rabies Immunization Regulation (Reg. 567)<sup>5</sup> under the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7.
- Prevent pets running free in neighborhoods and keep them in at night.
- Don't feed or touch any wild, stray or unknown animals.
- Report all animal bites or scratches to the health unit.
- If your pet has been bitten by an animal that you think may be rabid, put gloves on before touching your pet - call your veterinarian.
- Bat-proof your home and cottage (**a rabid bat can infect you or your unvaccinated pet with rabies**).

For more information on the rabies vaccine, please visit the MLHU's Rabies page.

To speak to a Public Health Inspector on the Environmental Health Team about rabies or animal exposures, please call 519-663-5317.

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## Resources:

Middlesex-London Health Unit <https://www.healthunit.com/rabies>

Ontario Ministry of the Attorney General. (1990). *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7. Retrieved from: <https://www.ontario.ca/laws/statute/90h07>

Ontario Ministry of Health and Long-Term Care's Ontario Public Health Standards: Reference Documents

- Recommendations for the Management of Animals in Childcare Settings, 2018
- Recommendations to Prevent Disease and Injury Associated with Petting Zoos in Ontario, 2018

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## References

<sup>1</sup>Heymann, D.L. (Ed.). (2015). *Control of communicable diseases manual* (20<sup>th</sup> ed.). Washington, DC: American Public Health Association Press.

<sup>2</sup>Canadian Food Inspection Agency. (2018, July 10). *Rabies in Canada*. Retrieved from: <http://www.inspection.gc.ca/animals/terrestrial-animals/diseases/reportable/rabies/positive-rabies/eng/1356156989919/1356157139999>

<sup>3</sup>Ontario. Ministry of the Attorney General. (1990). *Health Protection and Promotion Act*, R.R.O. 1990, O. Reg. 557: Communicable Diseases - General. Retrieved from: <https://www.ontario.ca/laws/regulation/900557>

<sup>4</sup>Ontario. Ministry of Health and Long-Term Care. (2018). *Management of Potential Rabies Exposures Guideline*, 2018. Retrieved from: [http://health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Management\\_of\\_Potential\\_Rabies\\_Exposures\\_2018\\_en.pdf](http://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Management_of_Potential_Rabies_Exposures_2018_en.pdf)



<sup>5</sup>Ontario Ministry of the Attorney General. (1990). *Health Protection and Promotion Act*, R.R.O. 1990, O. Reg. 567: Rabies Immunization. Retrieved from: <https://www.ontario.ca/laws/regulation/900567>

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## Recreational Water Safety and Inspections

Public pools, wading pools and splash pads serve a large number of people with varying degrees of swimming ability and health status. Wading pools and splash pads are of particular interest for young children. Outdoor facilities generally operate from late spring to early fall. Whether these recreational water facilities are used for leisure, or just to beat the summer heat, they can present risks to health and safety.

To increase the chances of a successful recreational water outing, consider the following tips:

### Keep Children Safe in and around the Water

- Caregivers should be within arms' reach of their children at all times when the children are in the pool, wading pool or splash pad.
- Young children and weak swimmers should wear a life jacket or personal flotation device when in or around water.
- Walking should be encouraged around water to prevent any slips and falls.
- Children should always wear swim diapers as regular disposable diapers could increase a child's drowning risk as well as creating unsteady balance once removed from the pool, wading pool or splash pad.
- Make sure children wear appropriate footwear in a splash pad as the water can make the ground slippery and cause falls and will prevent any cuts and scrapes from material such as gravel.
- **Toddler pools and play water features should be emptied after each use.** Children have drowned by slipping into unattended pools.
- Small portable wading pools should be filled and drained daily, and stored upside down when not in use to prevent the collection of rain water. When children are in or around water children should always be within arms reach of a child educator.

### General Safety

- No glass container, food, or beverage is allowed in the pool, spa, wading pool or splash pad or in the area immediately surrounding the water feature.
- No person shall engage in rough and/or noisy play in or about the pool, wading pool or splash pad.

### Health / Hygiene

- Recreational water is not intended for drinking, ingesting the water may lead to bathers getting recreational water illnesses.
- Do not enter the pool, wading pool or splash pad if you have an open sore or rash, or are experiencing nausea, vomiting or diarrhea.



- No person shall pollute the water in any manner or on the immediate area surrounding the pool, wading pool or splash pad.
- Children should be appropriately dressed for their age and level of toilet training to prevent fouling of the pool, wading pool or splash pad. Swim diapers are recommended but are not leak proof. Ensure that children take frequent bathroom breaks and are not changed near the water play area to decrease the risk of spreading recreational water illnesses.

## Recreational Water Facility Inspections

Inspections of public pools, spas, wading pools and splash pads are conducted regularly by Public Health Inspectors (PHIs) to ensure that they meet the requirements of Ontario Public Pools Regulation (Reg. 565)<sup>6</sup> under the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7. PHIs work closely with the owners/operators of these facilities to help prevent and reduce illness and injuries related to recreational water use.

Inspection reports for facilities in Middlesex-London can be viewed on the Middlesex-London Health Unit's website [www.healthunit.com](http://www.healthunit.com).

To speak with a Public Health Inspector, please call 519-663-5317.

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## Resources

Middlesex-London Health Unit <https://www.healthunit.com/safety-water>

Ontario. Ministry of the Attorney General. (1990). *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7. Retrieved from: <https://www.ontario.ca/laws/statute/90h07>

Ontario Ministry of Health and Long-Term Care's Ontario Public Health Standards: Reference Documents Operational Approaches for Recreational Water Guideline, 2018

## References

<sup>6</sup>Ontario. Ministry of the Attorney General. (1990). *Health Protection and Promotion Act*, R.R.O. 1990, Reg. 565: Public Pools. Retrieved from: <https://www.ontario.ca/laws/regulation/900565>

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## Child Safety – Creating a Safe Environment

Children are naturally inquisitive. They like to test their skills and abilities. They love to explore their physical surroundings; test limits and see how far they can go.

Active supervision is vital for ensuring that children are safe. Even when the highest safety standards are met, serious injuries can happen if children are not properly supervised. Active supervision means more than simply being physically present. Active supervision involves watching the children, inspecting equipment and being knowledgeable about environmental risks.

Active supervision, role modeling safe behaviour, and teaching safety rules will create an environment in which children can grow and develop safely.

## The *Childcare and Early Years Act*

Play and sleep guidelines, equipment, materials and environments must be continually followed, inspected and maintained. The minimum standards for safe play areas and safe sleep are outlined in sections 19, 23, 24 and 27 of the *Childcare and Early Years Act*.

## Indoor Safety

### Tips to create a safe indoor environment:

1. Provide handrails at a level easily reached by children for all flights of stairs.
2. Place Plexiglas guards or bars on any windows that are 1 metre (2 1/2 feet) above floor level or lower to prevent children from falling through window screens or windowpanes.
3. Make sure furniture, such as a wall unit or bookcase, is securely fastened to the wall. Use angle braces or anchors to secure furniture to the wall. Children may climb these items, causing the item to fall on them, which can result in death.
4. Ensure that all windows above the 1<sup>st</sup> floor have window guards that prevent the window from opening more than 4 inches.
5. Protect all heating elements, such as hot water pipes, to prevent scalding.
6. Cover all electrical outlets with safety covers. Keep extension cords out of reach.
7. Tie up all hanging cords and curtains so they are out of children's reach.
8. Ensure that water in washroom taps does not exceed 49°C (120°F) to prevent scalding.
9. Ensure that all change tables have a protective safety ledge, 6 to 8 cm high (2 1/2 to 3 inches) and at least 3/4 the length of the table. **Supervision is the key.** Remember that a safety ledge is not meant to replace constant supervision at the change table.
10. Check large play equipment regularly for structural safety and potential hazards such as sharp edges and protrusions. Place mats under climbing equipment.
11. Don't have toys small enough for an infant to choke on. See the resources list for information about toy safety provided by Health Canada.
12. Store all hazardous substances in a locked cupboard and in an area inaccessible to children. Label all substances accurately and keep them in their original containers.
13. Store all medication in a locked box and in an area inaccessible to children.
14. Ensure that garbage receptacles are inaccessible to children. Clean and sanitize the m regularly.



## Safe Sleep:

1. Ensure that all cribs comply with current safety standards set by Health Canada. Cribs must meet the current Crib, Cradle and Bassinet regulations. Cribs made before September 1986 don't meet current safety regulations and should **not** be used. As of December 29, 2016, traditional drop-side cribs are also prohibited. It's a criminal offence to advertise, sell or import such cribs.
2. Depending on the age(s) of the children, sleeping spaces may look different. Infants should each have their own crib, cradle or bassinet. Safe infant sleep practices should be followed at all times to reduce the risk of SIDS. Ensure that cribs will not be placed near drapes or window blinds.
3. Make sure that sleeping rooms are well ventilated and appropriate temperatures are maintained.
4. Sleep equipment in childcare settings must be properly cleaned and disinfected to ensure these items are not potential sources for disease transmission (refer to chapters 3 & 4 for more information).

## Toy & Art Safety:

1. Sensory materials & toys must be age appropriate. Do not use materials that may cause choking or toxic if ingested (i.e. gravel, rocks, buttons). See Health Canada resource 'Is Your Child Safe? – Playtime'. Balloons should not be used as toys as they pose a choking risk.
2. To protect children from injury from materials and/or toys, be aware of recalls from Health Canada. To sign up for Health Canada's recalls and safety alerts go to: <http://healthycanadians.gc.ca/recall-alert-rappel-avis/index-eng.php>
3. Products with loose small powerful magnets should be kept safely out of the reach of children. If more than one magnet is swallowed over a short period of time, they can attract one another through the intestines and create a blockage or slowly tear through the intestinal walls. The results can be fatal.
4. Arts and craft supplies may be non-toxic when used as intended but may pose health risks and hazards when used in unintended ways. It is important to remember that children are not always able to follow directions and they may use materials in potentially dangerous ways. Use non-toxic products that are labelled child friendly.
5. Do not use previously used egg cartons or meat trays for crafts. They may harbour dangerous pathogens (bacteria, viruses, parasites) and make you and/or children sick.
6. **DO NOT** use or make products that contain **boric acid**.

*Keep children away from these materials:*

- paint that's not clearly labelled as safe for children
- powdered clays and paints
- ceramic glazes
- copper enamel
- solder for stained glass
- shellac



- paint strippers
- craft dyes
- boric acid

*\*Many products are not appropriate for children under 3 years of age. Regardless of age, children should be supervised at all times while they are playing with toys and sensory items.*

For additional information on cleaning and disinfecting please see [chapter 3](#).

## Outdoor Safety

1. Fence in the outside play area. Maintain fence in good repair. Fencing should:
  - (a) be a minimum of 1.2 metres high at all points
  - (b) have no holes or gaps larger than 10 cm in any dimension
  - (c) have all structural members located outside the enclosure to prevent easy climbing
  - (d) be of sturdy construction
  - (e) have self-closing and self-latching gates where possible
  - (f) have latching devices that are 99 cm above ground level
  - (g) have all sharp or elongated protrusions protected or removed
  - (h) have the bottom of the fence secured to prevent lifting
  - (i) be referenced to City of London Bylaw No. P.S.-5, Swimming Pool Fence Bylaw.
2. Where possible, remove or relocate all items that are not related to the playground activity, i.e., air conditioning units, transformers, maintenance equipment, ladders, etc. Where not possible to remove or relocate, enclose in a secure protective barrier (see fencing requirements above).
3. Check entire ground surface area daily for animal droppings, broken glass, sharp objects, tripping hazards, standing water, etc.
4. Check all vegetation and remove all sharp protruding thorns or branches below a level of 150 cm. (5 ft.), remove all dead or decaying limbs capable of falling in playground area, and remove roots that create tripping hazards in high traffic areas.
5. Ensure play sand is not silica sand and is suitable for child play, and cover play sandboxes at night.
6. Check all play and deck surfaces for sharp protruding edges, splintering wood, rotten wood, protruding nails or screws, etc.
7. Any outdoor play space, fixed play structure or surfacing under those structures that is constructed or renovated on or after August 29, 2016 meets the requirements set out in the Canadian Standards Association standard [CAN/CSA-Z614-14](#) and is inspected by staff on a regular basis. If assistance is needed, external playground inspectors may be hired.





## Concussion Symptoms, Management & Prevention:

### The *Childcare and Early Years Act*

Section 38 in the *Childcare and Early Years Act* refers to a **serious occurrence** and the process to follow. Section 39 was amended in 2017 to include section 39.1 **children with medical needs** which describes making an individualized plan of care. Concussion recognition and management should fall into these regulations. It is recommended that each facility has a concussion policy and procedure when a concussion is suspected.

### What is a concussion?

A concussion is a brain injury caused by any direct or indirect blow to the head **or** body. They are commonly caused by falls or activity injuries, such as running into stationary objects or other children.

All concussions are serious and most occur **without the loss of consciousness**. Signs and symptoms may occur immediately after the injury, or hours or days later.

*Look for symptoms in infants and toddlers:*

- Headache or persistent rubbing of the head
- Nausea and vomiting
- Unsteady walking, loss of balance (one of the most obvious symptoms)
- Crankiness, irritability or difficult to console
- Changes in eating and/or sleeping patterns
- Tiring easily or listlessness
- Sensitivity to light and/or noise
- Visual problems

*If you suspect a concussion:*

- Have the child stop the activity right away
- Parents/legal guardians should be contacted about any injuries/incidents
- Emphasize with parents/guardians the importance of a head injury being evaluated by physician or Nurse Practitioner as soon as possible
- Monitor the child closely for any physical, mental, or emotional changes

✓ *A child with a suspected concussion should not return to any activities on the same day the injury occurred*

### Return after a diagnosed concussion (physician or nurse practitioner):

Upon return to childcare after a concussion, the child's activities and play environment may need to be modified. Quiet environments and activities are recommended for the first week. A child who is recovering from a concussion should not return to overly active or rough play until their physician or nurse practitioner establishes it is safe.



*Examples of activities a child can do with adult supervision:*

- ✓ Playing with blocks or puzzles
- ✓ Colouring or painting
- ✓ Looking at picture books
- ✓ Walking
- ✓ Playing in a sandbox

*Do Not Allow:*

- ✗ Playing on ride-on toys, scooters or bicycles
- ✗ Participating in ball games
- ✗ Running or climbing
- ✗ Playground activities (slides and swings)

*\*Concussion symptoms and management information adapted from The Regional Municipality of York Community and Health Services Health Protection Division: 'The Public Health Guide for Childcare Providers'*

## **Concussion Prevention:**

- Remind children to always wear an approved protective helmet that is designed for their activity, and make sure they are wearing it correctly. Helmets and other safety equipment are designed to reduce injuries but cannot guarantee complete protection.
- Teach children to be aware of their environment so that they can anticipate dangerous situations and make decisions that will help themselves and others avoid injury.
- Be sure children have a safe place to play and explore, and never leave a baby or toddler unattended.

## **Poisonous Plants**

Ensure play areas are free of poisonous plants and that indoor plants are inaccessible to children.

Several of the most common houseplants are poisonous. When buying plants for your childcare centre, check with the greenhouse to make sure that your choices are not poisonous.

*The following are examples of common houseplants, which are poisonous:*

- Dieffenbachia
- Caladium
- Elephant's Ear
- Philodendron
- Pothos



*Many common garden plants are also poisonous. Examples include:*

- Autumn Crocus
- Daffodil
- Lily of the Valley
- Holly
- Yew
- Rhubarb Leaves
- Horse Chestnut



*Even a small amount of some plants can be dangerous. Teach children not to touch or play with plants or put anything found in the garden in or near their mouths.*

*Chemical spraying for trees and lawns is not recommended.*

## Transportation

As caregivers, you are responsible for providing safe transportation while children are in your care. You also have an excellent opportunity to educate parents about safe transportation practices.

### For all seats at all times, check:

- Child car seat manufacturer's instructions
- Vehicle owner's manual which has information about air bags, seat belts, or Universal Anchorage System (UAS) and tether anchors
- That the shoulder harnesses are snug so only one finger fits between the harness and collar bone, or you are unable to pinch a fold in the harness strap.
- That the shoulder harness is in the correct slot.

#### ***Rear-facing – at or below shoulders***

#### ***Forward –facing- at or above shoulders***

- That the harness straps lie flat
- That the chest clip is at arm pit level
- That the child car seat has the Canadian Motor Vehicle Safety Standard (CMVSS) sticker for legal use in Canada
- For the expiry date on the car seat or in the instruction booklet



## Child Restraint Systems (Car Seats, Booster Seats)

By law, approved child restraint systems must be used for all children who are travelling by motorized vehicle. A child restraint system must be used until a minimum of size or age requirement is met. All child restraint systems used in Canada must meet Canadian Motor Vehicle Safety Standards (CMVSS) set by Transport Canada. **In order to ensure the standards are met, always follow the instructions provided by the car seat manual and the vehicle owner's manual.**

### Stage 1 Rear Facing (Infant)

- Car seat must be secured with the vehicle seat belt or the UAS, not both
- Follow the manufacturer's instructions for the handle position when travelling in the vehicle
- Adjust the base of the car seat or use a pool noodle under the infant seat to make the 45-degree angle that prevents the child's head from falling forward to the chest
- Harness straps come through the seat level with or below the shoulders
- Top of child's head should be at least 1" (2.5cm) below the top of the car seat
- Child seat should not touch the front vehicle seats
- Never put added padding underneath or behind the child or use oversized clothing or bunting bags. The material could compress in a crash, and the harness could become loose
- Use the infant car seat until the child has outgrown the upper weight or height limit of the seat. Use an infant/child car seat in the rear-facing position when the child has outgrown the infant car seat

### Stage 1 Rear Facing (Infant-Child)

- Car seat must be secured with the vehicle seat belt or the UAS, not both
- Harness straps come through the seat level with or below the shoulders
- Top of child's head should be at least 1" (2.5cm) below the top of the car seat
- Car seat should not touch the front vehicle seats
- Never put added padding underneath or behind the child or use oversized clothing. The material could compress in a crash, and the harness could become loose
- Use the rear-facing car seat until the child has outgrown the upper weight or height limit of the car seat
- **Encourage parents not to rush to move child to a forward facing car seat. Young children are safest rear-facing**

### Stage 2 Forward-facing (Child)

- Car seat must be secured with the vehicle seat belt or the UAS, not both.
- Top tether strap must be used. It must be tight so the top of the seat does not move forward more than 1" (2.5cm)
- See vehicle owner's manual to find the location of the tether anchor for securing the tether strap



- Harness straps come through the seat level with or above the shoulders
- Use the forward facing car seat with the harness until the child has outgrown the upper weight or height limit of the car seat.
- **Encourage parents not to rush to move child to a booster seat**

## Stage 3 Booster

- A booster seat raises the child so the adult seat belt fits properly on the child's body
- Vehicle shoulder and lap belt must be used
- Vehicle shoulder belt is centered on the shoulder and chest
- Vehicle lap belt rests across the upper thighs
- Top of child's ears should be below booster seat back or below the vehicle seat back if a backless booster is used
- Booster seats should be secured when not in use to prevent injuries to other passengers
- **Encourage parents not to rush to move child to a vehicle seat belt. Keep using the booster seat until child has outgrown the upper weight or height limit of the booster seat**

## Walking

*Choose, and map out, the safest route when planning walks:*

- Choose a route which avoids busy streets.
- Choose a walking route with sidewalks.
- Choose a walking route which requires a minimum of crossing traffic.
- Observe traffic rules. Remember that role modeling is an excellent way to teach small children.
- In winter, avoid icy patches and walk with caution.
- During summer months, choose shady walking routes.

## Strollers and Carriages

Strollers and carriages should meet Health Canada's legislated standards for strollers/carriages under the *Hazardous Products Act*. These regulations cover the design, performance, and labeling of strollers/carriages. The instructions that accompany strollers must state the maximum height and weight of the occupants that the product is designed to carry. It is important to follow the guidelines laid out by the government and manufacturer. As always, **supervision** is important when taking children in strollers and carriages.

*When using a stroller or carriage the following safety precautions must be taken:*

- Always use the restraint system.
- Never leave a child in an unattended stroller.
- Never let a child stand in, or on a stroller.



- Never put a car seat or infant seat on top of or into a stroller unless stated in the product manual.
- Be aware of what is at the child's eye or hand level when in the stroller (e.g., sharp corners, branches, etc.).
- Do not hang purses or bags over the handlebars or overload the parcel rack. Doing so will affect the balance and steering of the stroller.
- Do not use the stroller as a sleep surface. Move an infant/child to a crib, cradle or bassinet to sleep.
- Use brakes when stopped or when helping a child in and out of a stroller.
- Use caution when making adjustments and ensure child's hand and feet are away from the stroller. Especially when folding or unfolding.

## Wheeled Activities

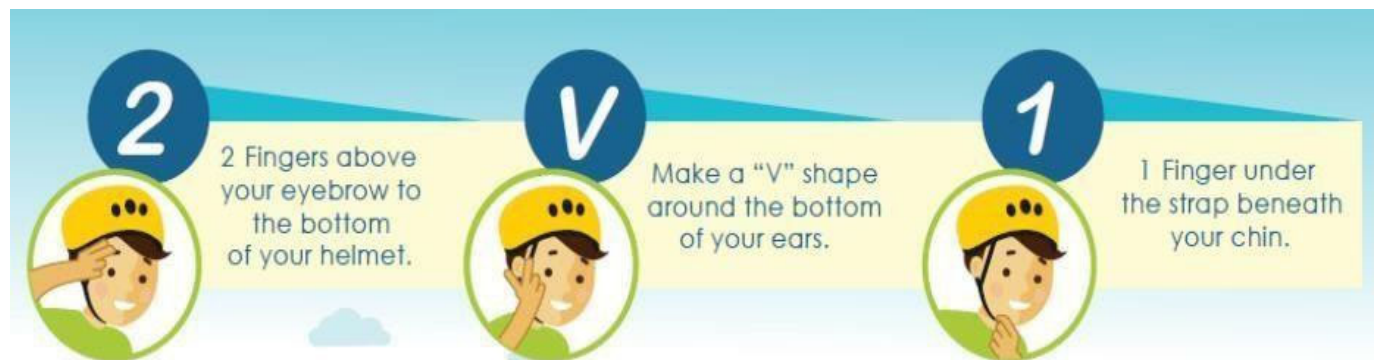
Wheeled activities are the highest cause of head injuries related to serious injury and death. It is important that all children wear a properly fitted helmet.

*A **helmet** is recommended when using:*

- Scooter
- Bicycle/Tricycle
- Bike Carrier or Trailer
- 'Ride on' toys with wheels

*Use the 2V1 rule when putting a helmet on a child:*

- 2 fingers above your eyebrow to the bottom of your helmet
- Make a "V" shape around the bottom of your ears
- 1 finger under the strap beneath your chin





## Resources:

[Health Canada: Is Your Child Safe? Play Time](#)

[Health Canada: Is Your Child Safe? Sleep Time](#)

[Public Health Agency of Canada: Safe Sleep For Your Baby](#)

[Industry Guide to Health Canada's Safety Requirements for Children's Toys and Related Products](#)

[www.healthunit.com/car-seat-safety](http://www.healthunit.com/car-seat-safety)

[Child Car Seat Safety: What you need to know](#)

[Ontario Poison Centre: Plants/Poisonous Plants](#)

[Middlesex-London Health Unit: Know Your Helmet Salute](#)

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<sup>3</sup> Government of Canada (2017). Use Arts and Crafts Products Safely. Retrieved from: <https://www.canada.ca/en/health-canada/services/home-garden-safety/use-arts-crafts-materials-safely.html>

<sup>4</sup> Government of Canada (2012). Information for Art Class Teachers. Retrieved from: <https://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/industry-professionals/art-class-teachers.html>

<sup>5</sup> York Public Health (2015). A Public Health Guide for Childcare Providers. Retrieved from:

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<http://www.ontariopoisoncentre.ca/For-Families/Forfamilies.aspx>

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<sup>8</sup> Transport Canada (2017). Child Car Seat Safety. Retrieved from:  
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<sup>9</sup> Ontario Ministry of Transportation (2017). Choose the Right Car Seat. Retrieved from:  
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Dental Health, also called Oral Health, is an important part of overall health and affects quality of life.

A healthy mouth and teeth assist a child to develop proper eating and speaking patterns and contribute to a child's psychological well-being. A healthy, pain-free mouth is something every child deserves.

Published in the *Ontario Dental Association Special Report: Oral Health Issues for Ontarians: 2008* it states, "In 2000, the US Centers for Disease Control reported that dental caries is the most common chronic childhood disease, five times more common than asthma in children aged five through 17, and significantly more prevalent than chronic bronchitis." Research in Canada and Ontario supports this finding<sup>1</sup>.

Statistics gathered by the Middlesex-London Health Unit dental staff indicate that 10% of elementary students in the Middlesex-London area have visual, untreated dental decay (cavities). These dental problems have developed at an early age before the child enters school.

## Eruption/Teething

Healthy baby teeth are important for eating and speaking. Some baby teeth may stay in the mouth until the child is 13 years of age.

Primary Teeth (Deciduous Teeth, Baby Teeth, Milk Teeth)

Teething is the natural process when baby teeth break through the gums. A child's first baby tooth will come in around six months of age. A child should have all 20 of their baby teeth by three years of age. Baby teeth are important for eating, speaking, smiling, and holding the space for the adult (permanent) teeth.

### Common Signs of Teething:

- Drooling
- Fussy and irritable
- Red cheeks and red swollen gums
- Need to chew on things

You can assist in relieving teething discomfort by offering a cool teething ring that contains only water or a clean, cooled washcloth for the baby to chew on. Avoid over the counter teething gels and ointments.

**Baby teeth are important**

When teeth "come in"	When teeth "fall out"
7-12 mos.	6-8 yrs.
9-13 mos.	7-8 yrs.
16-22 mos.	10-12 yrs.
13-19 mos.	9-11 yrs.
25-33 mos.	10-12 yrs.
20-31 mos.	10-12 yrs.
13-18 mos.	9-11 yrs.
16-23 mos.	9-12 yrs.
7-16 mos.	7-8 yrs.
6-10 mos.	6-8 yrs.

Brush twice a day  
Healthy Smiles:  
an important part of a Healthy Body

This chart is a guideline only, children grow at their own pace.

For more information call: Middlesex-London Health Unit  
Dental Services 519-663-5317 extension: 2231



## Healthy Eating

Healthy eating and snacking for healthy teeth involves being aware of which foods are good and bad for our teeth. Offer foods that are healthy, low in sugar and do not stick to the child's teeth such as cheese, vegetables and fresh fruit. For more information on healthy eating choices see Eating Well with [Canada's Food Guide](#). More information on healthy eating can also be accessed in Chapter 4 of this manual.

## Tooth Brushing

It is important that infection control procedures be followed when providing tooth brushing.

1. Encourage children, who are old enough, to brush their teeth after meals. Help them develop good health practices.
2. Ensure that each child has his/her own toothbrush. Brushes are NOT to be shared.
3. Store toothbrushes so that they do not come in contact with one another and are able to air dry.
4. Brush with water or fluoride free toothpaste for children 0-3 years of age.
5. For children 3-6 years of age a rice size amount of toothpaste with fluoride should only be used when they can rinse and spit properly.
6. For efficient distribution of toothpaste to children you may want to use a paper plate to which a number of small amounts of toothpaste can be dispensed and picked up by individual toothbrush. This will avoid the potential of the toothpaste tube coming in contact with individual toothbrushes.

## Fluoride Varnish

Fluoride varnish is a safe protective coating that makes teeth stronger, and helps prevent and fix small cavities. It is a liquid that is painted onto a child's teeth with a small brush. It only takes minutes to apply and dries quickly.

The MLHU is able to provide fluoride varnish free of charge to promote dental health for children, in community settings. If you have questions, require additional information, or would like to find out if the Fluoride Varnish Program is right for you, please contact the Oral Health Team at 519 -663-5317.

## Dental Sealants

Dental sealants can help to prevent tooth decay or cavities, they can help protect teeth from germs and food that sit on the chewing surfaces. Sealants are a thin protective coating that is applied in the grooves of the teeth and are clear or white in colour. This service is offered at no-cost at the Middlesex-London Health Unit dental clinic in the Prev-OH program.



## Dental Accidents

### If a child's teeth are injured by a blow to the mouth:

If a child receives a blow to the mouth or to the teeth, the child should be seen by a dentist as soon as possible. Take any teeth or parts of teeth that have been chipped, broken or knocked out. Primary or baby teeth that fall out should not be placed back in the mouth.

### If a child's adult tooth is knocked out:

This is called an "avulsed tooth", the adult tooth that has been knocked out by force is a serious dental emergency. An avulsed tooth that is placed back into its socket immediately and then receives prompt treatment from a dentist may stay in the mouth for many years.

## Where to find Dental Services

Children's dental specialists suggest children visit the dentist by one year of age to ensure there are good dental habits and check for problems. Regular dental visits (at least yearly) should continue after that.

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The following services are available in Middlesex-London.

### Healthy Smiles Ontario

No-cost dental program for children who are residents of Ontario and are 17 years of age and under. Visit [ontario.ca/healthysmiles](http://ontario.ca/healthysmiles) or call the Middlesex London Health Unit at 519-663-5317 for more information.

### Preventive Oral Health Services

Preventive oral health services for children 0-17 years of age provided at the Middlesex-London Health Unit. Services provided are cleaning, polishing of teeth, fluoride treatments, dental sealants and oral health education at no-cost.

### Schulich School of Dentistry, University of Western Ontario, Children's Dental Clinic

Students working under close supervision, provide dental care for children at a reduced cost as well as children who are covered by the Healthy Smiles Ontario program. Phone:519-661-3329

For more information on Dental Health from the Middlesex-London Health Unit, visit [healthunit.com](http://healthunit.com) under Health Topics-[Dental Health](#) or call 519-663-5317.

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## References

<sup>1</sup> Ontario Dental Association Special Report. (2008). *Oral Health Issues for Ontarians: Tooth Decay in Ontario's Children: An Ounce of Prevention-A Pound of Cure*. Retrieved January 5, 2018, from: [www.oda.ca/images/children/ODA\\_SpecialReport\\_WEB\\_booklet.pdf](http://www.oda.ca/images/children/ODA_SpecialReport_WEB_booklet.pdf)



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A child's early development is important because it will influence their health, learning and behavior throughout life.

## You Can Make a Difference

### 1. Use a developmental checklist or screening tool to discuss development with parents

- Use the **Looksee checklist, (formerly the Nipissing District Developmental Screen, NDDS)**, with parents (see the link below) for all children!
- If trained, you can use the Ages and Stages Questionnaire (ASQ and ASQ SE) or contact All Kids Belong (AKB) or at the Middlesex-London Health Unit (519-663-5317) for support.
- Only 57% of children aged 10 months to 35 months receive a developmental assessment! Do not wait until you think there may be a problem. Make regular developmental assessment part of the routine at your centre.<sup>2</sup>

### 2. Check development early and regularly

- The most sensitive periods of brain development are before the age of three years.
- The earlier a child receives intervention, the better the potential to lower the long-term costs associated with poor child development, such as healthcare, welfare and other social costs.<sup>3</sup>
- Early intervention can profoundly improve the outcome for both the child and family.

### 3. Check development for every child

- A universal approach is the optimal goal. Checking development should be the norm.
- Don't make assumptions. The communities and families where children are doing better are not necessarily more affluent or more educated and vice versa.

### 4. Refer – encourage parents to seek help

- Encourage a visit to the primary healthcare provider if **any** concerns are found when completing the Looksee checklist (formerly NDDS) with a child. Encourage parents to seek help whenever they (or you) have a concern about development, even if the Looksee checklist does not identify anything.
- **Unsure?** – Have the parent call the Middlesex-London Health Unit to talk to a public health nurse at 519-663-5317 for advice or next steps. You can call the health unit too with general questions.
- **Speech and or language concerns?** – contact Thames Valley Children's Centre. For information and referral forms, please visit <https://www.tvcc.on.ca/speechlanguage-therapy>
- **Other concerns with a child less than 2 years old** – contact DRI (Developmental Resources for Infants) 519-685-8710 or <http://tvcc.on.ca/resource/developmental-resource-infants-dri>



- **Concerns with a child of any age** - Find useful resources, information, and descriptions of what to look for as you work with young children at <https://www.healthunit.com/red-flags>

## Early Identification of Developmental Concerns... is the first step toward ensuring early intervention!

- The Looksee Checklist (formerly NDDS) is an important developmental checklist of which all parents and caregivers should be aware and should use frequently.
- It is available online <https://lookseechecklist.com/>\*
- It is a checklist designed to be completed by parents or by the parents in conjunction with a childcare or a healthcare professional.
- The Looksee checklist is helpful because it engages parents in the process. This means that the parent:
  - has time to reflect about the child
  - is made aware of different aspects of development and established norms
  - may be more equipped to discuss concerns with the primary caregiver or other professionals
- The Checklist is written at a Grade 5 literacy level and is also available in French, Spanish, Vietnamese, Arabic, Farsi, Russian and Chinese.
- 13 levels of checklists are available between the ages of 1 month and 6 years (often coinciding with the immunization schedule).
- The Looksee is a checklist to encourage discussion about development, not a screening, or a diagnostic tool. You or a parent may have concerns about a child that are not captured by the Looksee checklist. Encourage parents to seek help for that child. Parents are the experts and know their child best.

*\*You may also want to consider pursuing the completion of an **ASQ-3** or **ASQ-SE** for this child. Your **AKB (All Kids Belong)** consultant can arrange this for you or call the Middlesex-London Health Unit at 519-663-5317 to speak with a public health nurse who has been trained to use this screening tool.*

- The Looksee checklist consists of a list of questions regarding the activities/capabilities of a child at a particular age. (left side of the page)
- The first questions for each Looksee checklist reflect the speech and language abilities of the child. The remainder of the questions deal with motor, social, self-help, learning and thinking related skills.



- **Any “NO”** responses (even one!) should be investigated and could involve:
  - **Experiential delay:** Perhaps the child has not yet experienced something considered typical for his/her age such as, colouring with crayons, cutting with scissors or riding a bike. Encourage the parent to have the child practice the skill in question for a couple of weeks and then repeat the checklist.
  - **Developmental delay:** The child is not meeting the normal developmental milestones despite ample opportunity to practice the skills in question.
  - **If there are any concerns, the parents should make an appointment for an assessment with their primary healthcare provider.**
- The right side of the Looksee checklist provides suggestions to help parents interact with their children at an age-appropriate level, while also preparing the child for the next level of the Looksee checklist in the domains of emotion, fine motor, gross motor, social, self-help, communication and learning & thinking.

For more information about the Looksee checklist, go to <https://lookseechecklist.com/>\*

## Role of healthcare providers

- Physicians now receive additional funding for an “Enhanced 18-month visit”.
- 18 months is a critical “check point” for an array of developmental milestones and is the last scheduled immunization until age 5.
- The healthcare provider is to:
  - Engage parents in a discussion regarding development, behaviour, parenting and family/social issues
  - Provide information on parenting and community programs that promote healthy child development and early learning
  - When needed, provide referrals to specialized community services for those children identified with potential issues, needs and risks.
- Parents will feel more informed and better able to enter discussion with their healthcare provider if they have completed the Looksee checklist for their child prior to the visit. Statistics say that 70% of parents have concerns about child development, but only 28% actually initiate the discussion.<sup>2</sup>
- Encourage parents to book an 18 Month visit for their child if it has not been offered by their healthcare provider.
- **NEVER** wait until the 18 month visit to discuss a concern with the healthcare provider! The earlier a concern is identified; the sooner intervention can begin! The sooner intervention begins; the less likely small problems evolve into big ones!





- **ALL** children benefit from rich, stimulating environments to help them reach their full potential as adults.<sup>4</sup> Involvement in community-based programs is a great option for children of all ages such as:
  - Licensed Childcare Centres
  - EarlyON Child and Family Centres
  - London Public Libraries
  - YMCA, etc.

*\*The Nipissing Developmental checklist (NDDS) has been re-branded as the Looksee checklist. The “look” has changed, but the content is exactly the same.*

## Children Have Mental Health Too!

- Infant and early childhood mental health refers to optimal social and emotional development from birth to school entry.<sup>5</sup>
- How a baby or young child demonstrates mental health depends on the age and developmental stage of the child. A child who is socially and emotionally healthy is developing their skills related to:
  1. Establishing and maintaining close relationships. First with parents and caregivers, then progressing on to friends.
  2. Expressing and regulating their emotions
  3. Continuous learning and exploring new environments<sup>6</sup>
- If you have some concerns about the mental health of a child with whom you interact, here are some local community resources that you may find helpful to talk to your families about:
  - First encourage families to speak to their healthcare provider
  - Next, for children under 2 years of age contact:  
[Developmental Resources for Infants](http://tvcc.on.ca/resource/developmental-resource-infants-dri) 519-685-8710  
<http://tvcc.on.ca/resource/developmental-resource-infants-dri>
  - For children of any age contact:  
Vanier Children's Services 519-433-0334 <https://www.vanier.com/>  
Merrymount Family Support and Crisis Centre 519-434-6848  
<http://www.merrymount.on.ca/>

For more information about infant and early childhood mental health review the information at:  
<https://www.healthunit.com/parent-resources#brain-development>

For information that is specifically geared toward childcare providers:  
[www.healthunit.com/children-and-mental-health](http://www.healthunit.com/children-and-mental-health)



## **DON'T WAIT AND SEE!**

The following are websites that you and the parents of the children you care for may find useful if you want to learn more about early child development:

- <http://public.machealth.ca/programs/18-month/default.aspx>
- <https://www.healthunit.com/parent-resources>
- <https://lookseechecklist.com/>
- <http://www.imhpromotion.ca/>
- [www.zerotothree.org](http://www.zerotothree.org)
- <https://www.caringforkids.cps.ca/>
- [www.familyinfo.ca](http://www.familyinfo.ca)
- [www.hanen.org](http://www.hanen.org)
- <https://tyketalk.com/>

**Still have questions? Call the Middlesex-London Health Unit to speak to a public health nurse at 519-663-5317**

## References

<sup>1</sup>Keating DP and Hertzman C. (1999). *Modernity's Paradox*. In: DP Keating and C Hertzman (EDS). "Developmental Health and the Wealth of Nations. Social, Biological, and Educational Dynamics." New York, NY: Guilford Press.

<sup>2</sup>Ontario College of Family Physicians, 18 Month Steering Committee and Guidelines Advisory Committee. (2006, October). *Final report to the OCFP for the evidence to support the 18 month well baby visit*.

<sup>3</sup>Schweinhart, L. J., Montie, J., Xiang, Z., Barnett, W. S., Belfield, C. R., & Nores, M. (2005). *Lifetime effects: The HighScope Perry Preschool study through age 40*. (Monographs of the HighScope Educational Research Foundation, 14). Ypsilanti, MI: HighScope Press.

<sup>4</sup>Mustard, JF (2000). *Early childhood development and experience-based brain development: The scientific underpinnings of the importance of early child development in a globalized world*. Brookings Institute.

<sup>5</sup>Zero to Three. (2016). *Infant-Early Childhood Mental Health*. Retrieved from <https://www.zerotothree.org/resources/110-infant-early-childhood-mental-health>

<sup>6</sup>Michigan Great Start Systems Team. (2012). *Social and emotional health: A guide to families with children birth to eight years*. Retrieved from [https://www.michigan.gov/documents/mdch/A\\_Guide\\_for\\_Families\\_with\\_Children\\_Birth-8\\_Years\\_420515\\_7.pdf](https://www.michigan.gov/documents/mdch/A_Guide_for_Families_with_Children_Birth-8_Years_420515_7.pdf)



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We all recognize the benefits of a healthy lifestyle in achieving good health and well-being.

Childcare providers have the opportunity to begin educating children early about various lifestyle topics and role-modelling positive behaviour to promote good health and healthy lifestyles.

This chapter provides information about: The *Smoke-Free Ontario Act, 2017* related to the *Childcare and Early Years Act, 2014* active play for children; and enjoying both the sunshine and wintertime safely.



## Smoke-Free Ontario Act, 2017

This Act prohibits smoking or holding lighted tobacco, the use of an e-cigarette (vaping) or vapour product, and the smoking and vaping of cannabis in enclosed workplaces and enclosed public places, and many outdoor public places in Ontario, including playgrounds, the grounds of community recreation facilities, and childcare centres, within the meaning of the *Childcare and Early Years Act, 2014*.

Under the *Smoke-free Ontario Act, 2017*, smoking, vaping and the smoking or vaping of cannabis is prohibited in both day nurseries and private home daycares licensed under the *Childcare and Early Years Act, 2014*. The entire premises, both inside and outside, must be smoke-free and vapour-free at all times, whether or not children are present. Day nurseries and private home daycares are supervised and monitored by the Ministry of Children and Youth Services. The *Smoke-Free Ontario Act, 2017* is enforced by Tobacco Enforcement Officers with the Middlesex-London Health Unit.

For further information, visit the Ministry of Children and Youth Services website at [www.children.gov.on.ca](http://www.children.gov.on.ca) or contact the Health Unit's Smoke-Free Information Line at (519) 663-5317 or [smokefreeinfo@mlhu.on.ca](mailto:smokefreeinfo@mlhu.on.ca).

### Effects of Second-Hand Smoke in Children

Young children are most affected by second-hand smoke because their bodies and immune systems are still developing. Second-hand smoke can cause serious health problems, including:

<b>Physical Effects</b>	<p>Increased risk of:</p> <ul style="list-style-type: none"> <li>• respiratory tract problems, such as bronchitis, and pneumonia</li> <li>• Sudden Infant Death Syndrome (SIDS)</li> <li>• asthma, asthma attacks, and allergies</li> <li>• frequent ear infections, colds, and throat infections</li> <li>• childhood cancer</li> </ul>
<b>Social and Behavioural Effects</b>	<p>More likely to:</p> <ul style="list-style-type: none"> <li>• be irritable and cranky</li> <li>• have learning difficulties</li> <li>• view smoking/vaping as safe and/or normal and start smoking/vaping</li> </ul>

### Positive Role Modelling

As a childcare provider, you can shape the way children think and behave. To be a positive role model to the children you provide care to, you can:

- Promote and model a smoke-free and vape-free lifestyle.
- Educate parents and/or guardians, family members, and children about the harmful effects of second-hand smoke, as well as vapour products.
- Encourage a smoke-free and vape-free home and vehicle environment.



## Responsibilities of Operators

- Ensure that everyone is aware that smoking and vaping is prohibited.
- Remove ashtrays and any object that serves as one, including butt stops.
- Ensure that no one smokes or vapes on the property.
- Ensure a person who does not comply does not remain on the property.
- Post *No Smoking* and *No Vaping* signs at all entrances, exits, washrooms, and other appropriate locations. For information on acquiring required signage, please contact the Middlesex-London Health Unit at [smokefreeinfo@mlhu.on.ca](mailto:smokefreeinfo@mlhu.on.ca).
- Prohibit smoking, vaping and/or having lighted tobacco in vehicles (when a passenger is under age 16).
- Any person – driver or passenger – in the car, who is smoking while someone else under the age of 16 is present, is committing an offence. The law applies to both moving and stationary vehicles, regardless of whether any window, sunroof, rooftop or door is open.
- The use of cannabis in a vehicle is prohibited by law.

## Enforcement

Tobacco Enforcement Officers, appointed by the Ministry of Health and Long-Term Care and employed by the Middlesex-London Health Unit, conduct routine inspections and investigate complaints against childcare centres and places where licensed private home childcare is provided.

## Penalties

There is no maximum corporate fine listed for contravention of this section of the *Act* (fine amount would be left up to a Justice of the Peace). An individual could be subject to a maximum fine of \$5,000.

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## Resources

- Middlesex-London Health Unit
    - [www.smokefreeinfo.ca](http://www.smokefreeinfo.ca) or by email at [smokefreeinfo@mlhu.on.ca](mailto:smokefreeinfo@mlhu.on.ca)
    - Smoke-Free Information Line: (519) 663-5317
  - Smoke Free Ontario: [www.ontario.ca/page/where-you-cant-smoke-or-vape-ontario](http://www.ontario.ca/page/where-you-cant-smoke-or-vape-ontario)
  - A Guide to Protecting Your Family from Second-Hand Smoke: [healthycanadians.gc.ca/publications/healthy-living-vie-saine/smoke-free-brochure-sans-fumee/alt/smoke-free-brochure-sans-fumee-eng.pdf](http://healthycanadians.gc.ca/publications/healthy-living-vie-saine/smoke-free-brochure-sans-fumee/alt/smoke-free-brochure-sans-fumee-eng.pdf)
  - Take Your Butt Outside: [www.takeyourbuttoutside.ca](http://www.takeyourbuttoutside.ca)
  - Health Canada: [www.canada.ca/en/health-canada/services/smoking-tobacco.html](http://www.canada.ca/en/health-canada/services/smoking-tobacco.html)
  - Ontario Government's Legalization of Cannabis: [www.ontario.ca/cannabis](http://www.ontario.ca/cannabis)
  - Ministry of Health and Long-Term Care *SFOA, 2017* Fact Sheets
    - [Get the Facts: The Difference Between Recreational Cannabis and Medical Cannabis](#)
    - [Get the Facts: Health Harms of Cannabis Use](#)
    - [How the Act Affects: Childcare Centres and Home Childcare](#)
-



## Indoor Air Quality

Except for short excursions children in childcare centres spend most of their time indoors. If the quality of the air in these facilities is poor it can have a negative impact on the health of the children and to a lesser but still significant degree, the adult caregivers.

Sources of indoor contamination include: outdoor air, building components, furnishings, supplies and human activities.

Outdoor contaminants such as carbon monoxide, ozone, lead and other metals, as well as microorganisms such as bacteria, viruses, and mould, enter buildings through mechanical ventilation systems, windows, doors and other openings.

Equipment commonly used indoors including furnaces, humidifiers, dehumidifiers, electrostatic air cleaners, refrigerators, stoves, computers, printers and photocopiers can emit Volatile Organic Compounds (VOCs), carbon monoxide, ozone and other harmful materials.

Humidifiers and drip pans of other equipment, such as fridges and air conditioners can serve as reservoir for harmful organisms e.g.: moulds and bacteria.

Health problems associated with poor indoor air quality may include irritation of the eyes, nose and throat, resulting in pain, dryness, hoarseness and other voice problems. Neurological and general health symptoms may include headache, sluggishness, mental and physical fatigue, reduced level of concentration, dizziness, feeling of intoxication, nausea and vomiting.

### Protective Measures

#### *Exclude Contaminants*

1. Prevent excess moisture from gaining access to the interior. Repair cracks and other openings that create waterlogged conditions, which could support the growth of moulds. Wherever possible use non-treated natural materials for indoor construction, fixtures and furnishings. Store paints, cleaning, and other hazardous chemicals outdoors or in separately vented rooms, to prevent poisonous gases from being circulated throughout the childcare centre.
2. Park vehicles away from air intake vents. Open windows and doors to prevent the entrance of excess carbon monoxide and other harmful gases.
3. Ensure that air conditioner intake vents are not located close to stagnant water, capable of supporting the growth of mould or other disease-causing organisms.
4. Store all cardboard, paper and other cellulose materials in a low humidity, well ventilated room to prevent mould growth.



## *Eliminate Contaminants*

1. Discard any water-damaged materials that can encourage the growth of moulds. Discard cardboard and other cellulose materials that have a musty odour or appear damp. On a regular basis clean and disinfect and allow to dry any carpet rugs, etc. to prevent the growth of harmful organisms.
2. Clean hard, mouldy surfaces with a solution of 1 1/2 cups of household bleach to 1 gallon of water. (Note: wear rubber gloves and facemask: ensure room is well vented: wear protective clothing).
3. Where it is warranted, older buildings should be checked for asbestos and lead paints, by a professional. If found these items must be removed promptly and appropriately.

## *Substitute*

Wherever possible, substitute natural products for artificial products for cleaning, polishing, insecticides, etc.

**\*Clean indoor air can provide the basis for a healthy nurturing environment which will in turn impact positively on the health of the children in your care and on your own health.**

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## Resources

Middlesex-London Health Unit

- [Health Hazards](#)
- [Health Hazards: Housing](#)
- <https://www.healthunit.com/environment: lead>
- <https://www.healthunit.com/mould>
- <https://www.healthunit.com/radon>
- <https://www.healthunit.com/secondhand-smoke>
- <https://www.healthunit.com/tce>

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## Active Living

### Physical Activity During the Early Years

Physical activity during the early years helps children grow into healthy adults. Research shows that there are many benefits of physical activity including physical, psychological/emotional, academic and social benefits.





## Being Active can help young children:

- improve learning and attention
- develop self-confidence
- build healthy hearts
- increase fitness
- improve movement skills
- maintain a healthy body weight

Children who are physically active: are ready to learn, have better personal satisfaction, and have better relationships. With fun, active and positive experiences they will have a foundation to live a healthy and active life. The childcare setting can provide the opportunity for young children to learn, play and get physically active every day.

## The Childcare and Early Years Act

A number of sections in the Ministry of Education: Childcare and Early Years Act (2014) are related to play and physical activity and they include Section 46 and Section 47.

Section 46 refers to the Minister's Policy Statement on Programming and Pedagogy made under the Child Care and Early Years Act, 2014 and the professional learning resource for those working in childcare and child and family programs called How Does Learning Happen? Ontario's Pedagogy for the Early Years .

For more information on this resource and other tools related to this document visit the Ministry of Education website <http://www.edu.gov.on.ca/childcare/pedagogy.html>

## How Much Physical Activity should children get?

The 24-Hour Movement Guidelines for the Early Years (0-4 Years) provide recommendations for the right amount of moving, sitting and sleeping for children four years-old and under. The guidelines are divided into three sections, with specific guidelines for infants (less than 1 year), toddlers (1 to 2 years) and preschoolers (3-4 years).

The video links provide a further explanation of the new Canadian 24-Hour Movement Guidelines for the Early Years (ages 0-4):

1. Canadian 24-Hour Movement Guidelines for the Early (0-4 Years)  
<https://www.youtube.com/watch?v=rjYntJi5CcQ> (4:12 Minutes)
2. Canadian 24-Hour Movement Guidelines for the Early Years: Infant (less than 1 year)  
<https://www.youtube.com/watch?v=2jyolahFCWE> (2:42 minutes)
3. Canadian 24-Hour Movement Guidelines for the Early Years: Toddlers (1-2 years)  
[https://www.youtube.com/watch?v=NH\\_WjwMXhTk](https://www.youtube.com/watch?v=NH_WjwMXhTk) (2:45 minutes)
4. Canadian 24-Hour Movement Guidelines for the Early Years: Preschoolers (3-4 years)  
<https://www.youtube.com/watch?v=vj53MgsNX8> (2:36 minutes)



The 24-Hour Movement Guidelines for Children & Youth (5-17 Years) recommend high levels of physical activity, low levels of sedentary behavior and sufficient sleep each day.

These guidelines are the first research-based recommendations that encompass the whole day and provide recommendations to ensure children find the right balance of physical activity, sedentary time, and sleep for proper growth and development.

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## Resources

- ParticipACTION – Benefits & Guidelines – 24-Hour Movement Guidelines for the Early Years (0-4 Years)
- ParticipACTION- Benefits& Guidelines -24-Hour Movement Guidelines for Children and Youth (5-17 Years)
- Active For Life - Activities
- Canadian Pediatric Society -Caring for Kids –Playtime with your baby
- Have a Ball Together
- How Does Learning Happen? Ontario's Pedagogy for the Early Years
- Middlesex- London Health Unit –Physical Activity
- Middlesex – London Health Unit - Tummy Time
- <https://www.healthunit.com/tummy-time>
- ParticipACTION – Benefits and Guidelines
- <https://www.participaction.com/en-ca/thought-leadership/benefits-and-guidelines>

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## Physical Literacy During the Early Years

### Physical Literacy

Canada's Physical Literacy Consensus Statement (June 2015) defines physical literacy as the “motivation, confidence, physical competence, knowledge and understanding to value and take responsibility for engagement in physical activities for life”.

Physical literacy is important to healthy child development because it lays the foundation for living a healthy, active life. For young children, physical literacy is learning the basic fundamental movement skills and to develop confidence in their abilities. For example, when children learn how to hop, skip, jump and run, they learn how their bodies move and what their bodies can do, then they are more likely to participate in activities that require these skills, as they grow older. As children learn these skills, they will have more confidence and competence to participate in games and activities which will provide them the foundation to be physically active throughout their life. The movements and skills chosen should be specific to their age level and abilities. A child will quickly become discouraged with activities that are beyond his or her capability.



Lesson plans and activities have been developed by Active for Life that educators can use based on age of the child and the fundamental movement skill they would like the child to learn.

Providing children with active role models, encouragement and opportunity to safely explore their environment will help children develop their physical literacy. During the early years, development of these skills requires guidance, intention, repetition and patience. Having fun during these types of activities should be the focus.

For more information on **physical literacy**, visit <http://www.healthunit.com/physical-literacy>

## Resources

- [Active for Life](#)
- [A Hop, Skip, and a Jump: Enhancing Physical Literacy \(2<sup>nd</sup> Edition\)](#)
- [Canada's Physical Literacy Consensus Statement \(June 2015\)](#)
- [Middlesex-London Health Unit](#)
- [ParticipACTION](#)
- [Sport for Life](#)

## Limiting sedentary behaviour and screen time

Encouraging children to move more is part of a healthy lifestyle. The [24-Hour Movement Guidelines for the Early Years \(0-4 Years\)](#) recommends that for healthy growth and development, infants, toddlers, and preschoolers should achieve the recommended balance of physical activity, high quality sedentary behaviour and sufficient sleep.

Sedentary behaviours are those that involve very little physical movement while children are awake. These activities include sitting or reclining in a stroller, highchair, car seat or watching television for prolonged periods. In the early years, children should not sit for more than one hour at a time. When children are sedentary, engaging in pursuits such as reading and storytelling with a caregiver are encouraged.

The [guidelines](#) also suggest that caregivers limit screen time in the early years. With advances in information technology, even very young children are exposed to screen-based activities such as television, video games, computers, and handheld devices. When it comes to screen time, less is better. Parents and caregivers are encouraged to help children reduce the time they are sitting, on screens, and being inactive.

## Some Practical Strategies for Reducing Screen Time

- Minimize screen time - follow the screen time recommendations. Young children learn best with face-to-face interaction with caring adults.
- Early screen encounters can be habit forming and early over exposure increases the likelihood of overuse later in life.
- Be a good role model and be aware of your own screen time use. Children learn by watching how we behave.
- Children need to move and play.



## Some Practical Strategies for Getting Young Children Active

- Develop a fun and safe physical activity program that provides a variety of options for children to be active during the day, both indoors and outdoors in a safe environment
- Children need structured and unstructured physical activity every day
- Provide diverse and interesting activities, games, and skill development opportunities
- Unless they are sleeping, children should be spending some time every hour being physically active
- Provide positive experiences, that are free of negative pressure
- Be an active role model and actively participate in the games and active play
- Make physical activity a part of a child's daily routine

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## Resources

- [Canadian Society for Exercise Physiology- 24-Hour Movement Guidelines for the Early Years \(0-4 Years\)](#)
- [Active Kids, Healthy Kids](#)
- [Canadian Paediatric Society- Caring for Kids](#)
- Fact Sheet: [Screen Time and Young Children](#)
- Fact Sheet: [Screen Time at Home: Healthy habits](#)
- Poster: Is she getting enough face time with you?

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## Safety and Physical Activity

Getting young children active needs to be part of a child's daily routine. Activities need to be fun and incorporate safety considerations to keep children safe. Safety should be a prime consideration both inside and outdoors. All physical activity and play areas need to be safe for young children. When planning activities think about how to reduce risk or eliminate the risk of injury and also teach children how to be play safe (i.e., teach children to wait their turn and not push).

Some **safety considerations** that you need to think about to keep children safe include:

- Make sure you are aware of the medical history of each child.
- Always have enough adults to effectively and actively supervise the activity. Make sure all equipment is safe for use and meets Canadian safety standards; no sharp edges, no visible cracks, appropriate for age of child; no strings or ribbons that can go around the neck of a child, use equipment only as it is meant to be used; equipment that is not in use should be put away properly.



- Make sure the play area is safe. Be aware of any possible dangerous areas or conditions. Remove any potential hazards.
- Children should be dressed appropriately for the weather and the activity. Appropriate clothing is usually comfortable, washable, and non-restrictive, with no loose ends. Proper footwear should be worn. Shoes should be soft-soled, non-skid footwear.
- Children should not be wearing dangling jewellery; use neck warmers instead of scarves, and hoods should not have drawstrings. Any of these could strangle the child.
- Wear appropriate protective gear if required (e.g., helmet when riding tricycle or bike).
- Toys must be sturdy and appropriate for age. They must not have removable parts that could be swallowed by young children.
- Make sure children understand rules and instructions for the activity. Activities should be appropriate for their age, ability and the environment.
- For more information on Child Safety including Playground Safety visit <https://www.healthunit.com/child-safety>

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## Resources

- [Caring for Kids –Keeping Kids Safe](#)
- <https://www.caringforkids.cps.ca/handouts/kidssafe-index>
- [Physical & Health Education Canada](#)
- <http://www.phecanada.ca/programs/physical-literacy/physical-literacy-and-injury-prevention>
- [Ophea Teaching Tools](#)
- [Health Canada - Is Your Child Safe? Play Time](#)
- <https://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/consumer-education/your-child-safe/play-time.html>

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## The UV Index

Environment Canada<sup>1</sup> developed the UV (ultraviolet) Index to inform Canadians about the strength of the sun's UV rays. UV rays can cause sunburns, eye cataracts, skin aging and skin cancer. The higher the UV Index number, the stronger the sun's rays, and the greater the need to take precautions. The table below outlines the sun protection actions recommended at different levels of the UV Index.



## Environment Canada's UV Index

UV Index	Description	Sun Protection Actions
0-2	Low	<ul style="list-style-type: none"> <li>Minimal sun protection required for normal activity</li> <li>Wear sunglasses on bright days. If outside for more than one hour, cover up and use sunscreen</li> <li>Reflections off snow can nearly double UV strength Wear sunglasses and apply sunscreen</li> </ul>
3-5	Moderate	<ul style="list-style-type: none"> <li>Take precautions – cover up, wear a hat, sunglasses, and sunscreen - especially if you will be outside for 30 minutes or more</li> <li>Look for shade near midday when the sun is strongest</li> </ul>
6-7	High	<ul style="list-style-type: none"> <li>Protection required – UV damages the skin and can cause sunburn</li> <li>Reduce time in the sun between 11 a.m. and 3 p.m. and take full precautions – seek shade, cover up, wear a hat, sunglasses and sunscreen</li> </ul>
8-10	Very High	<ul style="list-style-type: none"> <li>Extra precautions required – unprotected skin will be damaged and can burn quickly</li> <li>Avoid the sun between 11 a.m. and 4 p.m. and take full precautions – seek shade, cover up, wear a hat, sunglasses and sunscreen</li> </ul>
11+	Extreme	<ul style="list-style-type: none"> <li>Values of 11 or more are very rare in Canada. However, the UV Index can reach 14 or more in the tropics and southern U.S.</li> <li>Take full precautions. Unprotected skin will be damaged and can burn in minutes. Avoid the sun between 11 a.m. and 4 p.m., cover up, wear a hat, sunglasses, and sunscreen</li> <li>White sand and other bright surfaces reflect UV and increase UV exposure</li> </ul>

*\*The UV Index will be in your local Environment Canada weather report when it is 3 or higher.*



The Middlesex-London Health Unit recommends that childcare providers recognize the signs of heat-related illness, and follow first aid treatments:

Signs of Heat Illness	Treatment
<p><b>Sunburn:</b> Redness, pain, swelling of skin, blisters, fever and headaches.</p> <p><b>Heat Cramps:</b> Painful muscle spasms usually in the legs but possible in abdomen; heavy sweating.</p> <p><b>Heat Exhaustion:</b> Heavy sweating, weakness, cold, pale, and clammy skin; weak pulse, fainting and vomiting, core temperature usually 38.8°Celsius or higher, but normal temperature is possible.</p> <p><b>Heatstroke:</b> A severe medical emergency, high body temperature (41°Celsius or higher), hot, dry skin, rapid and strong pulse, possible unconsciousness.</p>	<p><b>What to do:</b> Leave water blisters intact to speed healing and avoid infection, if breaking of blister occurs, apply dry sterile dressing. A physician should see serious cases.</p> <p><b>What to do:</b> Apply firm pressure on cramping muscles or gently massage to relieve spasm; give sips of water, if nausea occurs discontinue sips of water, move person to a cooler place to rest in a comfortable position. Observe the person carefully for changes in condition.</p> <p><b>What to do:</b> Get person out of sun, move person to a cooler environment, lay person down and loosen clothing, apply cool wet cloths, give sips of water, if nausea occurs, discontinue sips of water; if vomiting continues, seek immediate medical attention.</p> <p><b>What to do:</b> Call 911. Do not give fluids If unable to get person to medical help immediately, do the following:</p> <ul style="list-style-type: none"> <li>• Move person to a cooler environment</li> <li>• Remove outer clothing</li> <li>• Reduce body temperature using lukewarm (not cold) water to bathe/sponge the person</li> </ul>

For more information about how to recognize and prevent heat-related illness please visit [www.healthunit.com](http://www.healthunit.com) or call 519-663-5317.



## Sun Protection

Exposure to UV rays can harm the skin and eyes (e.g., skin cancer, sunburns, eye lesions, cataracts, etc.). Protect children's skin and eyes from the sun to decrease the risk of these preventable health risks.

### Children's Sun Exposure – Key Facts

- Over half of Ontario children spend at least two hours in the sun on a typical summer day.
- Children are often outside when UV rays are the strongest.
- Play areas often do not have enough shade.
- Children's skin is more at risk for sun damage.

### Enjoy the sun safely: Protect skin and eyes

1. **Time of Day:** If you can, limit time in the sun when the UV Index is 3 or higher, usually between 11 a.m. to 3 p.m.
2. **Shade:** Seek shade or make shade by using an umbrella, a UV protective tent or pop-up shade shelter. Keep babies younger than 1 year of age out of direct sunlight.
3. **Cover Up:** Wear clothes that cover as much skin as possible or UV-protective clothing. Wear a wide brimmed hat or baseball cap with flaps that cover the head, neck and ears.
4. **Sunscreen:** Apply plenty of sunscreen with SPF 30 or more, labelled 'broad spectrum' and 'water resistant'. Reapply when needed (especially after swimming, sweating, or toweling). Use a sunscreen lip balm. Sunscreen may be used on babies over six months of age; avoid the mouth and eye areas.
5. **Sunglasses:** Wear close fitting / wrap-around sunglasses with UV 400 or 100% UV protection. Children's and babies' sunglasses should be unbreakable.

### Things to Avoid

- Children should avoid getting a tan or sunburn.
- Don't expose children to UV rays to meet vitamin D needs. Use food or supplements instead.

### Five Ways to Incorporate Sun Safety in your Organization

1. Check your organization's sun safety policy.
2. Educate staff, parents, and children about sun safety.
3. Post the daily UV Index reading.
4. Assess shade and make your own.
5. Make time and role model sun safety.

**For more information about Sun Safety, contact the Middlesex-London Health Unit: 519-663-5317 or send questions to [health@mlhu.on.ca](mailto:health@mlhu.on.ca).**





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## Resources

Middlesex-London Health Unit

- <https://www.healthunit.com/extreme-temperatures>
- <https://www.healthunit.com/sun-safety>
- <https://www.healthunit.com/child-safety-heat>

Health Canada. Extreme Heat

<https://www.canada.ca/en/health-canada/services/sun-safety/extreme-heat-heat-waves.html>

Government of Canada. Ultraviolet Radiation

<https://www.canada.ca/en/health-canada/services/environmental-workplace-health/radiation/ultraviolet-radiation.html>

## References

<sup>1</sup>Government of Canada. Canadian Daily UV Index Forecast.

[https://weather.gc.ca/forecast/public\\_bulletins\\_e.html?Bulletin=fpcn48.cwao](https://weather.gc.ca/forecast/public_bulletins_e.html?Bulletin=fpcn48.cwao)

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## Winter Safety for Children

Children enjoy playing outdoors throughout the year. Wintertime is no exception. However, when children are outside, they often don't realize how cold they are becoming. Instead of going indoors to warm up, they stay outside to continue playing.

There are a variety of ways caregivers can help reduce a child's risk of frostbite or hypothermia and to ensure they play safely.

1. Dress children in layers of clothing. If they get too warm while playing, they can take off one layer at a time. If children are dressed too warmly, they are likely to sweat and become chilled when they stop playing. The risk of frostbite increases when children become chilled.
2. Cover children's heads and ears with toques. Most of our body heat is lost through our heads.
3. Young children generate less body heat and get cold quicker than adults. Young children should take frequent breaks indoors. This is particularly important for infants being pulled in a sled as they are not moving.
4. Children should wear neck warmers instead of scarves and mitten clips. Loose scarves and strings can become a choking hazard. They may get tangled in play equipment, shrubs or trees. Hoods on coats should also fit snugly around the faces for the same reason the hood may catch on play equipment and cause choking.
5. Ensure children have extra clothing to wear in case they get wet.



6. Supervise children playing outside. Watch for signs of frostbite and hypothermia. Frostbite is characterized by the whitening of the affected skin especially fingers, nose and ears. Hypothermia is characterized by shivering and loss of coordination.
7. Encourage children to play in snow, but not to eat the snow. Snow may contain dirt, pollution or other contaminants.
8. Teach children not to lick metal objects. The tongue can freeze to the metal and cause injury.
9. Instruct children to go indoors when they get cold.

## Cold Weather Alert Guidelines for Childcare Centres

The Medical Officer of Health issues a Cold Weather Alert when one or more of the following criteria are met:

- Daily predicted low temperature of  $-15^{\circ}\text{C}$  without wind chill; **or**
- Wind chill reaches the level at which Environment Canada issues a warning for outdoor activity for people in the Middlesex-London area; **or**
- Extreme weather conditions, such as blizzard or ice storm.

## Recommendations

1. Establish a policy and procedure to deal with potential consequences of extreme cold temperatures and winter storms (e.g., power outages, lack of transportation). An emergency kit should be readily available.
2. Plan to **reduce** the amount of time children spend outside when the temperature reaches  $-15^{\circ}\text{C}$  or colder, with or without wind chill. Children should be **kept indoors** when the temperature reaches minus  $25^{\circ}\text{C}$  with or without wind chill. Some people are more susceptible to cold, particularly children, and some medications can increase a person's susceptibility to cold also. Parents should consult with their physician.
3. Ensure that children are dressed warmly, covering exposed skin: insulated boots, winter weight coats, mittens, hats and neck warmers.
4. Change wet clothing and footwear immediately (wet clothing chills the body rapidly).
5. Although it is unlikely that cold related injuries would occur during the day, all staff should be able to recognize and treat symptoms of frostbite and hypothermia. Make sure that children are given plenty of fluids to prevent dehydration.
6. Watch carefully for the following symptoms when children are playing outside:
  - Shivering
  - Discoloration of skin
  - Complaining of pain, numbness, burning or fatigue, confusion, slurring of speech
  - Stiffness
  - Move the child indoors if any of the above symptoms occur.



7. Educate children in dealing with cold weather:

- Drink plenty of fluids
- Dress warmly
- Recognize signs of injury due to the cold

The Middlesex-London Health Unit recommends that childcare providers recognize the signs of cold related injuries, and follow first aid treatments promptly:

In all cases, get child to a warm place as soon as possible, remove wet clothing, and wrap child in a blanket if needed.	
Signs of Injury Due to Cold	Treatment
<p><b>Frostnip:</b></p> <ul style="list-style-type: none"> <li>• A mild form of frostbite, where only the skin freezes</li> <li>• Skin appears yellowish or white, but feels soft to the touch</li> <li>• Painful tingling or burning sensation</li> </ul> <p><b>Frostbite:</b></p> <ul style="list-style-type: none"> <li>• A more severe condition, where both the skin and the underlying tissue (fat, muscle and bone) are frozen</li> <li>• Skin appears white and waxy, and is hard to touch</li> <li>• No sensation, the area is numb</li> </ul> <p><b>Hypothermia:</b></p> <ul style="list-style-type: none"> <li>• Feeling cold over a prolonged period of time can cause a drop in body temperature (below the normal 37 degrees C)</li> <li>• Shivering, confusion and slurring of speech can progress to loss of consciousness</li> </ul>	<p><b>What to do:</b></p> <ul style="list-style-type: none"> <li>• Do not rub or massage the area</li> <li>• Warm the area gradually – use body heat (a warm hand), or blow warm breath on the area, avoid direct heat which can burn the skin (e.g., hot water bottle or heating pad)</li> <li>• Once the area is warm, do not re-expose it to the cold</li> </ul> <p><b>What to do:</b></p> <ul style="list-style-type: none"> <li>• Frostbite can be serious – get medical attention</li> <li>• Do not rub or massage the area</li> <li>• Warm the area gradually – use body heat, or blow warm breath on the area, avoid direct heat which can burn the skin (e.g. hot water bottle, heating pad)</li> </ul> <p><b>What to do:</b></p> <ul style="list-style-type: none"> <li>• Call 911, this is an emergency</li> <li>• While waiting for help, bring child indoors, remove wet clothing.</li> <li>• Body heat can warm child’s temperature slowly, along with warm dry clothing and blankets.</li> <li>• Offer warm water or milk.</li> <li>• Do not offer hot drinks</li> <li>• Do not use hot water bottles, or heating pads</li> <li>• Do not rub the area</li> </ul>

For more information on how to recognize and prevent Injury due to the cold, please visit: [www.healthunit.com](http://www.healthunit.com) or call 519-663-5317.



## The Wind Chill Index

The new wind chill index was developed in Toronto by a team of research scientists and weather specialists. The new system is more accurate; allowing people to take action to avoid injuries from the cold, such as frostbite. The risk of frostbite begins at minus 25°C and increases the longer you have been outside. People with wet clothing or boots are at higher risk of frostbite. New findings indicate that exposed skin can freeze in less than 2 minutes at a wind chill index of -60.

Wind chill is now reported in “temperature-like” units, without the use of the degree symbol to give a more accurate idea of how cold it really feels. These “temperature-like” units let people know how cold it feels under certain wind and temperature conditions. Because some people feel the cold faster than others do, this new wind chill formula protects those who are most at risk.

A Wind Chill Warning is issued when conditions become hazardous and frostbite may occur in minutes which for most of Canada is -45. In parts of the country with a milder climate (such as Southern Ontario and the Atlantic Provinces except Labrador) a wind chill warning is issued at -35.

It is important to remember that risk of frostbite may still occur when the wind chill index is **BELOW OR LESS THAN -25.**

For more information, contact the Middlesex-London Health Unit Environmental Health at 663-5317 or visit [www.healthunit.com](http://www.healthunit.com).

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## Resources

Middlesex-London Health Unit

- <https://www.healthunit.com/child-safety-winter>
- <https://www.healthunit.com/extreme-temperatures>

Environment Canada

<https://www.canada.ca/en/environment-climate-change/services/weather-health/wind-chill-cold-weather/wind-chill-index.html>

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## References

<sup>1</sup>Health Canada. (2015). *Dangers of second-hand smoke*. Retrieved from: <https://www.canada.ca/en/health-canada/services/smoking-tobacco/avoid-second-hand-smoke/second-hand-smoke/dangers-second-hand-smoke.html>

<sup>2</sup>World Health Organization. (2011). *Second-hand tobacco smoke and children*. Retrieved from: <http://www.who.int/ceh/capacity/tobacco1.pdf>



<sup>3</sup>Canadian Society for Exercise Physiology. (nd). Guidelines. Retrieved from: <http://www.csep.ca/en/home>

<sup>4</sup>ParticipACTION. (2016). Benefits and Guidelines. Retrieved from <https://www.participaction.com/en-ca/thought-leadership/benefits-and-guidelines>

<sup>5</sup>Physical Literacy. (2018). Canada's Physical Literacy Consensus Statement, June 2015. Retrieved from <http://physicalliteracy.ca/physical-literacy/consensus-statement/>

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<sup>7</sup>Sport for Life. (2018). Physical literacy. Retrieved from: <http://sportforlife.ca/physical-literacy>

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<sup>13</sup>Ophea Healthy Schools Healthy Communities. (nd). Safety in Health and Physical Activity. Retrieved from: <https://teachingtools.ophea.net/activities/opheas-early-learning-resource/safety-health-and-physical-activity>

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<sup>15</sup>Caring for Kids (2017). Playground Safety. Retrieved from <http://www.caringforkids.cps.ca/handouts/playground-safety>

<sup>16</sup>Health Canada (2017). Is Your Child Safe? Play Time. Retrieved from <https://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/consumer-education/your-child-safe/play-time.html>

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