

# **CENTRAL EGLINTON CHILDREN'S CENTRE**

## **INFECTION PREVENTION AND CONTROL (IPAC)**

**Date Policy and Procedures Established: July 5, 2022**

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### **INFECTION PREVENTION AND CONTROL MEASURES**

In CECC, staff may be exposed to infections through their everyday work. Routine practices are a set of strategies to prevent the spread of infection. Routine practices are based on the concept that all body fluids, secretions, excretions, mucous membranes, non-intact skin, blood, and soiled items are potentially infectious. Elements of routine practices include:

- Hand hygiene
- Respiratory etiquette
- Risk assessment
- Personal protective equipment (PPE)
- Cleaning and disinfection

### **PREVENTING ILLNESS**

#### **What causes infection and how does it spread?**

- Germs
- Microorganisms, too small to be seen with the naked eye, are everywhere around us, found in food, water, people, animals, air and soil. Many microorganisms are harmless and do not lead to infection, and some are even necessary for health.
- Some microorganisms, however, can cause infection. We call these microorganisms pathogens, infectious agents or, more commonly, germs.
- Germs cause several illnesses commonly seen in CECC such as common colds, influenza (the flu), norovirus, strep throat, and food-borne illness.

### **MONITORING FOR ILLNESS AND ISOLATING SICK CHILDREN**

#### **Monitoring**

Monitoring for illness includes observing for signs and symptoms of disease (i.e., surveillance) and maintaining records. This is an important part of IPAC and is key to identifying and possibly preventing an outbreak. Record the following information as part of routine monitoring in CECC:

- Attendance and absence of children and staff.
- Signs and symptoms of illness.
- Dates and times that the symptoms started (onset).
- Time that the ill child was picked up from CECC.
- Dates of field trips, outings, and special events.

#### **Daily Health Check and Isolating Children when Sick**

According to the Child Care and Early Learning Act, CECC must ensure that an observation is made of each child at the beginning of each day to detect possible symptoms of illness.

#### **If a child or staff develops symptoms of illness while attending CECC:**

- Isolate from other children and staff.
- Parents/guardians should be called to arrange for the child to be picked up.
- Keep children comfortable, provide disposable tissues, and encourage hand hygiene and respiratory etiquette.
- Increase ventilation (e.g., open windows), if it can be done so safely.
- Symptomatic children who are separated from others must be supervised and cared for while in the designated isolation area.

- CECC will make PPE available for staff who are caring for children or others who are showing symptoms of illness.
- Any staff member providing care to a symptomatic individual should wear appropriate PPE and must receive training on the proper use of PPE.
- After providing care to a symptomatic individual, remove PPE carefully following the proper doffing procedure, and discard safely.
- Instruct parents/guardians to take sick children home and to contact their health care provider, if necessary. Remind everyone, including parents, of the exclusion policy in CECC.
- Follow policies and procedures for exclusion periods (see Guidelines for Common Communicable Diseases for more information), posted in CECC's office and outside room 119 in St. Monica's.
- Once the symptomatic individual leaves the setting, the isolation area must be cleaned and disinfected.

## **ROUTINE PREVENTATIVE MEASURES – HAND HYGIENE AND RESPIRATORY ETIQUETTE**

### **Hand Hygiene**

Hand hygiene is the single most important measure for preventing infections of any type. Written procedures for hand washing are posted and enforced. Hands must be sanitized/washed before eating and after any activity in which there is possible contact with body substances (e.g., Toileting, first aid).

### **Two Methods of Killing/Removing Microorganisms on Skin**

Hand-Sanitizing with alcohol-based hand rubs (ABHR) containing 70% to 90% alcohol.

- This is the preferred method when hands are not visibly soiled.

Hand washing with soap and water must be performed when hands are visibly soiled.

If hands are soiled and running water is not available, e.g., field trips, a moistened towelette will be used, followed by an ABHR. Families, upon registration, will consent to the use of ABHRs for their children.

### **Hand Hygiene Procedures**

#### **Sinks in each classroom will have:**

- Running Water
- Liquid Soap in a dispenser
- Paper towels
- Hand washing information sheet.
- An ABHR dispenser

***Alcohol Based Hand Rub (ABHR) must only be used when hands are not visibly soiled. Soiled hands must be washed.***

Staff will monitor and guide children as they clean their hands.

Everyone should practice hand hygiene:

- When they arrive at CECC before or immediately after entry into any room, and before they go home
- After using the washroom or after a diaper change
- After coming in from outdoors
- Before and after eating, and before drinking.
- After covering a cough, sneeze or blowing their nose
- Before and after sensory play activities, waterplay, cooking activities, play dough.
- Before and after touching their eyes, nose, or mouth.
- Whenever hands are visibly dirty
- Whenever in doubt

In addition, CECC care staff should practice hand hygiene:

- Before and after preparing, handling or serving food or bottles.
- Before and after giving medication or applying ointment or lotion
- After changing diapers, assisting children to use the toilet or using the washroom
- After contact with broken skin or body fluids (e.g., runny nose, spit, vomit, blood, cut or open sore), even if gloves were worn
- Before and after glove use
- After cleaning, handling garbage or contact with contaminated surfaces

Note: Artificial nails, chipped nail polish, and jewelry can harbour germs. For this reason, it is recommended that staff at CECC keep their nails short and clean.

### **Parents and Visitors**

- Are encouraged to use hand hygiene when entering CECC and if they enter any room.

### **Hand Lotions**

- CECC uses a generic hand lotion for staff and children when needed. Families will sign a consent form when registering to permit use of non-medicated creams/lotions for their children.

### **Respiratory Etiquette**

Germs such as influenza and cold viruses, and even whooping cough, are spread by coughing or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs. When possible, keep your distance (more than two metres) from people who are coughing or sneezing.

Respiratory infections spread easily in settings where people are in close contact, such as in CECC. To prevent the spread of germs that cause respiratory infections, proper respiratory etiquette should be taught and practiced regularly by children, staff and visitors.

### **Respiratory etiquette includes:**

- Staying home when ill with a respiratory infection.
- Minimizing droplets and aerosols when coughing or sneezing, by:
  - Covering your mouth and nose when you cough, sneeze or blow your nose. If you don't have a tissue, cough or sneeze into your sleeve, not in your hands.
  - Putting used tissue in the garbage immediately after use.
  - Cleaning your hands with soap and water or an alcohol-based hand sanitizer (minimum 70% alcohol-based), after coughing, sneezing or blowing your nose and before touching your face.
  - Maintaining a two-metre distance from others, when possible.
- Practicing proper hand hygiene immediately after coughing or sneezing.

### **RISK ASSESSMENT AND PERSONAL PROTECTIVE EQUIPMENT (PPE)**

As part of routine practices, CECC staff should continuously perform a risk assessment. During a risk assessment, staff assess and analyze whether there is a potential for exposure to body fluids or infectious diseases.

CECC applies IPAC measures based on assessment that considers:

- Contamination of skin or clothing by germs in the environment.
- Exposure to blood, body fluids, secretions, excretions, and body tissues (including vomit, urine, or stool).
- Exposure to non-intact (broken) skin.
- Exposure to mucous membranes (e.g., of the eyes, nose, or mouth).
- Exposure to contaminated equipment or surfaces.
- Exposure to individuals exhibiting signs or symptoms of infection.

Based on this risk assessment, staff must then choose appropriate IPAC measures and Personal Protective Equipment (PPE). PPE refers to protective clothing that is used to prevent the transmission of illness, including gloves, gowns, masks and eye protection.

CECC must:

- Ensure there is an adequate, accessible supply of PPE at all times for staff to use when needed.
- Ensure that all staff have received training and education regarding performing a risk assessment and the proper use of PPE.

### Single-Use Gloves

Proper glove use provides barrier protection. Staff must wear gloves when it is anticipated that hands will be in contact with mucous membranes, broken skin, blood, body fluids, or contaminated surfaces or objects.

CECC provides non-latex single-use gloves in consideration of individual allergies and sensitivities.

To protect hands and reduce irritation, we provide gloves that are well-fitting, clean, and dry. Staff will clean and dry their hands before and after wearing gloves. Ensuring that any cuts or abrasions on hands are covered with a waterproof bandage prior to applying gloves.

### Key Points

- In CECC, there are many tasks that require the use of single-use gloves for barrier protection, such as:
  - Diapering or toileting infants and children, and
  - It is anticipated that hands will be in contact with mucous membranes, broken skin, blood, body fluids, secretions, or excretions (including vomit, urine or stool), or contaminated surfaces or objects.
- Hand hygiene must be practiced before putting on and after taking off gloves.
- Gloves must be single-use and changed between tasks. After performing a task requiring the use of gloves, CECC staff must immediately remove the gloves, then discard them into a waste receptacle, and perform hand hygiene.
- Gloves should be appropriate for the type of activity.

### Masks

Masks help to protect individuals from germs that may enter the mucous membranes of their nose or mouth. When attending to an ill child, staff must wear a mask if there is a risk of becoming exposed to a cough, sneeze, spray, or splash.

### Eye Protection

Eye protection, including goggles or face shields, helps to protect the individual from germs that may enter through the mucous membranes of the eyes. When attending to an ill child, staff will wear eye protection if there is a risk of becoming exposed to splashes or sprays of body fluids.

### Gown

When attending to an ill child, staff will wear gowns if there is a risk of clothing or uncovered skin becoming exposed to splashes or sprays of body fluids.

## **DIAPERING AND TOILETING**

To protect themselves and others from infection, it is important that staff in CECC apply IPAC measures and routine practices when there is a potential risk of exposure to body fluids, including during diapering and toileting.

### Diapering Areas

We try to prevent transmission of infection and reduce the risk of cross contamination during diapering and toileting. The diapering area in use, is in the Toddler Programme, it is:

- Kept separate from children's activity, feeding, food preparation and food storage areas.
- Maintained in a sanitary condition. The floor around and underneath the diapering area must be non-absorbent, smooth, and easy to clean and disinfect.
- Diapering supplies are easily accessible to staff and out of children's reach. The area is equipped with:

- A designated hand washing station. This hand washing station is in the same area as the diaper change table and is separate from an IPAC sink used in the programme area. The sink is only used for hand washing.
- Single-use disposable gloves.
- Appropriate cleaner and disinfectant, labelled and stored away from children's reach.
- Foot activated garbage container equipped with a tight-fitting lid and a disposable leak-proof liner. This garbage container is emptied, cleaned, and disinfected as needed.

Diapering Surfaces and Diapering Change Pad is...

- Constructed of smooth, non-porous, non-absorbent material that is easy to clean and disinfect.
- Free of cracks, tears, or rips.
- Cleaned and disinfected after each use
- Used for diapering only.

Designated Hand Washing Sink in Diaper Change Areas and Washrooms are...

- Not used for food preparation, rinsing soiled clothing or toy cleaning.
- Equipped with running water, soap in a dispenser, paper towels and a hand washing information sheet
- Cleaned and disinfected at least once daily, and if soiled.

Cloth Diapering and Soiled Personal Clothing

- When changing cloth diapers, staff follow the same precautions as when changing other soiled clothing.
- Cloth diapers are treated as any other soiled personal clothing. Soiled clothing and cloth diapers are never rinsed or washed at CECC.
- Soiled clothing (including cloth diapers) is rolled up and placed into a securely tied plastic bag. Soiled clothing is stored away with child's belongings and sent home at the end of the day for laundering.
- If safety pins are used for cloth diapers, staff will close each safety pin immediately and store it out of children's reach.

Steps for Diapering

Please refer to the Diaper Change Routine Information Sheet, posted in the junior washrooms at Eglinton and in the washrooms at St Monica, for diapering steps.

**Washrooms and diapering areas are equipped with:**

- A designated hand washing sink with
  - Running water
  - Liquid soap in a dispenser
  - Alcohol Based Hand Rub
  - Paper towels
  - Hand Washing and diaper changing information sheets.
  - Single use disposable gloves
  - Cleaning solution/disinfectant – Accel Prevention Wipes
  - Smooth non-porous, non-absorbent surfaces
  - Designated storage for personal hygiene items e.g., diapers, creams etc.
    - Items are labelled.
  - Garbage containers are equipped with leak proof plastic liner and foot activated lid that is tight fitting.

Diaper changes take place in the washroom only.

Staff and Children must wash their hands, in accordance with the Handwashing Information Sheet

Sinks must be cleaned daily, or as necessary, they must not be used for food preparation, rinsing soiled clothing or toy washing.

## **DIAPERING PROCEDURES**

- Gather supplies.
- If using diaper cream or ointment, dispense onto a tissue or applicator.
- Clean your hands.
- Put on single use non-latex gloves.
- Remove diaper.
- Clean child
- Discard soiled diaper, wipes, and other used items.
- Remove gloves.
- Clean your hands.
- Apply barrier using tissue, glove, or applicator.
- Put on a clean diaper and dress the child.
- Clean child's hands
- Clean your hands.
- Put on single use non-latex gloves.
- Clean and disinfect the diaper changing area, changing surface.
- Remove gloves.
- Clean your hands.

## **TOILETING PROCEDURES**

- Prior to assisting children to use the toilet, gather required supplies.
- Clean hands, Put on a pair of single-use gloves.
- Place the child on the toilet.
- Assist the child with cleaning themselves (if necessary). Discard diaper (if applicable). Ensure that any soiled clothing is rolled and placed into a securely tied plastic bag or container. This bag must be sent home for laundering at the end of each day.
- Remove gloves. Clean hands.
- Help the child get dressed. After, help the child to wash their hands. Return the child to a supervised area.
- Put on a new pair of disposable gloves.
- Clean and disinfect the toilet seat and toilet ring insert, when visibly soiled.
- Remove and discard gloves. Clean hands again.

## **VENTILATION**

- CECC, when possible, opens windows and doors to help prevent the spread of germs.
- Each classroom is equipped with an air filtration unit.

## **ENVIRONMENTAL CLEANING AND DISINFECTING**

### **Cleaning Agents/Disinfectants**

#### **Are/Have:**

- Appropriately labelled - name of product and use
- Stored and secured, are inaccessible to children.
- Labelled with the drug identification number (DIN) and a Material Safety Data Sheet. Posted in cleaning room.
- Used per the manufacturer's directions.
- A predetermined shelf life
- A recommended and short contact time
- No phenols as part of their content

### **Low Level Disinfectant**

- Soap and Water
  - Wash surfaces
- Accel Prevention (Wipes) – Use single use, non-latex gloves.
  - General disinfection of surfaces, sanitizing diaper change table.
    - On a clean surface, wipe, leave wet for 1 minute, rinse if the surface is used for eating.
- Benefect Botanical Disinfectant – No special equipment
  - Disinfection of toys
    - Wet all surfaces with spray, let sit for 10 minutes at room temperature, and let the air dry.
- Mopping Floors - Soap and Water

### High Level Disinfectant – Mixed as needed.

- Oxivir TB Disinfectant – No Dilution - Use single use, non-latex gloves, mask when cleaning up vomit.
  - Bodily fluids, blood, faeces, vomit, urine etc.
    - Ensure the surface stays wet for at least 1 minute – do not rinse – wipe off excess.
- Oxivir Plus Disinfectant – Needs Dilution - Use chemical gloves, protective eyewear.
  - Outbreak – Disinfection of toys
    - Ensure the surface stays wet for 5 minutes – Rinse and air dry.
    - Dilute to 1:40 – follow instructions posted in classrooms.

### Dishwasher

- Sani-Clean 5000 – No special equipment
  - Dishwasher, wash cycle
- Sani-Clean Liquid Rinse Additive – No special equipment
  - Dishwasher, rinse cycle

### Toys and Materials

- Staff and children wash hands before and after using sensory materials
- Avoid plush toys because they are difficult to clean if they become saturated with saliva, nasal discharges, or blood.
- Avoid water play toys that retain water.
- Discard any toys with cracked and broken surfaces.
- Toys that are mouthed or chewed should not be shared with other children before they are cleaned. Any toy, which has been mouthed or chewed by a child, should be cleaned in the following manner after a child has played with it, before sharing it with other children.
- Homemade playdough must be discarded daily. Unused playdough must be stored in a fridge, for no longer than one week.
- Sensory play bins and tubs that contain dry materials must be cleaned and disinfected after they are dumped and before replenishing.
- Water play bins/tubs must be drained, cleaned, and disinfected after each session.
- Toy storage bins/boxes must be emptied, cleaned, and disinfected according to the toy washing schedule.
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### Wash toys in hot soapy water – Away from children

- No protective equipment needed.
- Wash toys with soap and water
- Wet all surfaces with Benefect Botanical Disinfectant, let sit for 10 minutes at room temperature, allow to air dry.
- Benefect Botanical Disinfectant
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### Toys and equipment are to be cleaned and disinfected:

- Junior Programmes: Weekly, or when necessary (if mouthed or contaminated by body fluids)
- Intermediate – monthly, more often if needed.

### High Touch and Low Touch Areas

- **High Touch** Sinks, faucet taps, toilets, railings, food prep areas, food serving tables, doorknobs, light switches, electronic devices
  - Require frequent cleaning.
- **Low Touch** Floors, walls, shelves, cubbies, and windows
  - Require less frequent cleaning.

### Shelves and cubbies are to be wiped:

- Junior Programmes - weekly, more often if needed.
- Intermediate – monthly, more often if needed.
- Senior Programmes – monthly, more often if needed.

### Cots/Bedding

Each room that uses cots and sheets for rest time is responsible for their cleaning and maintenance.

### Cots:

- Children are placed in a sleeping arrangement that minimizes the spread of respiratory infections.
- Cots are made from a material that is easy to clean.
- Are labelled and assigned to each child.
- Cots are cleaned and disinfected before it is assigned.
- Cots are stacked, bedding does not touch.

#### **Cleaning:**

- Cots and bedding are washed once per week and when needed.
  - Wash cot with soap and water
  - Wipe with Accel Prevention Wipe
  - Leave to air dry.

#### **Blood/Body Fluids - Cots**

- Clean cot with soap and water
- Oxivir TB Disinfectant - Use single use, non-latex gloves.
  - Bodily fluids, blood, faeces, vomit, urine etc.
    - Ensure the cot surface stays wet for at least one minute – do not rinse – wipe off excess.

#### **Bedding**

- Each room has two sets of sheets.
- Children may supply their own blanket (labelled).
- Sheets and blankets are washed once per week, or as needed.

#### **Soft Furnishings**

- Pillowcases, couch covers, dramatic clothes, soft toys etc. are washed once per week.

#### **Tables/Food Preparation and Serving Surfaces**

##### **Non-Food – Single use, non-latex gloves**

- Wash the table/surface with soapy water using a **RED** cloth.
- Wipe table with Accel Prevention Wipe
  - Leave for 1 minute.

##### **Food – Single use, non-latex gloves**

- Wash the table/surface with soapy water using a **RED** cloth, if the surface is messy.
- If the table is clean/not soiled, wash the table/surface with a **YELLOW** cloth.
- Wipe table with Accel Prevention Wipe
  - Leave for 1 minute.
- Wipe table with wet **BLUE** cloth
- Dry the table with a paper towel if necessary.

#### **Dishcloths must be changed twice per day**

#### **Floors, Carpets**

##### **Floors**

- Soap and water
- Wash floor with clean mop, when necessary, and at the end of the day

##### **Carpets**

- Carpets are vacuumed by the caretaker each day.
- Carpets are steam cleaned every six months.

##### **Blood/Body Fluids – Floors and Carpets**

- Clean surface with soap and water
- Oxivir TB Disinfectant - Use single use, non-latex gloves, wear a mask when cleaning up vomit.
  - Bodily fluids, blood, faeces, vomit, urine etc.
    - Ensure the surface stays wet for at least 1 minute – do not rinse – wipe off excess.

#### **Laundry**



- Each classroom is assigned a laundry day.
- Each programme has its own laundry bag, which is separate from clean laundry.
- Laundry is transported to the laundry room via the laundry bag.
- Each room will label the washer/dryer with its room number.
- Soiled Children's Clothing - must be sent home for cleaning. Do not rinse; soiled stools must be disposed of in the toilet, then roll and place items in a sealed plastic bag.

#### **Sensory Play – Materials may be used.**

- Water
- Purchased sand.
- Playdough
- Clean snow
- Pinecones
- Twigs
- Leaves

#### **Sensory Play – Materials may not be used.**

- Sand and gravel and other soiled materials from outdoor locations
- Meat trays, soiled eggs cartons, toilet paper rolls
- Manure or other products containing possible faecal matter or chemicals.

#### **Gardening**

From time to time, CECC may introduce indoor and outdoor gardening activities. The following is taken into consideration:

- Identification of potential soil contamination
- The type of garden, low to the ground, raised plots, planters etc.
- How to protect the garden from animals
- The type of soil (pasteurized garden soil or compost)

The children and Staff will:

- Wash hands after gardening
- Wash produce thoroughly
- Peel root vegetables before eating.
- Eliminate stagnant water to prevent mosquito breeding sites.

#### **Pest Control**

- The staff do their best to eliminate/prevent unwanted pests by:
- Safely storing foods
- Ensuring food preparation and serving areas are cleaned and disinfected.
- Ensuring the classrooms and kitchen are free from clutter and debris.
- Ensuring rooms are prepared for visits from the pest control services.

If there are pests such as rodents or cockroaches, the caretakers and school principals are informed. The caretakers allow CECC to access the dates/times of pest control service visits.

#### **Visiting and Resident Animals**

**When CECC has visiting animals in its programmes, it will follow the "Visiting Animals Policy."**

Fish are the only animals allowed as pets.

- Fish are fed by the staff.
- Fish tanks are cleaned when necessary – fish handled by staff.
- Staff wash hands after cleaning the tank and handling the fish.

<b>TOYS</b>	<b>FREQUENCY</b>	<b>METHOD</b>
Mouthed Toys	After each use	Clean and disinfect
Shared Plastic Toys	Daily	Clean and disinfect
Toddlers 18-30 months	Weekly	Clean and disinfect
Pre-School 30 months-5 years	Weekly	Clean and disinfect
Kindergarten & School Age	Monthly	Clean and disinfect
Plush toys and dress-up clothes	Weekly	Laundry
Art smocks	Weekly or when needed	Laundry
<b>SENSORY MATERIALS</b>	<b>FREQUENCY</b>	<b>METHOD</b>
Water Sensory play bins	After each session	Drain, clean, and disinfect
Used homemade playdough/slime	After each use	Discard
Sand play bins and toys	Weekly	Discard sand, clean & disinfect play bin and toys
Activity Tables	After each use	Clean and disinfect
Water play toys	After each use	Clean and disinfect
<b>PLAY AREAS &amp; SURFACES</b>	<b>FREQUENCY</b>	<b>METHOD</b>
Carpets	Every six months	Shampoo or steam clean
Floors, including carpets	Daily	Vacuum and wet mop
<b>BEDDING</b>		
Cots	Weekly or as needed	Clean and Disinfect
Sheets and Blankets	Weekly or as needed	Laundry

## **INFECTION PREVENTION AND CONTROL (IPAC) SHEETS**

The following IPAC sheets are posted in the kitchen, washrooms, and classrooms:

- Blood and Bodily Fluid Spills
- Cover your Cough.
- Diaper Routine
- Glove Use
- Hand Sanitizing – Adult and Child
- Hand Washing – Adult and Child
- Sensory Play Activities
- Toilet Routine
- Toy Cleaning and Disinfecting

## **BITING**

Biting incidents can occur among young children in CECC during play or if they become upset. Most bites do not break the skin and are unlikely to cause infection. In addition, the risk of Hepatitis B, Hepatitis C or HIV transmission in childcare centres is extremely low. When bites do break the skin, both children involved in the incident need proper assessment and management.

### **Be Prepared Before a Bite Happens**

- We ensure we have written policies for managing child, and staff exposures to blood and body fluids, including bites.
- We ensure staff have received training for the proper care of bite wounds.
- We ensure first aid equipment is readily available.
- We ensure staff are immunized against Hepatitis B.

If the skin is not broken, we clean the wound with soap and water, apply a cold compress and sooth the child who was bitten.

### **If the Skin is Broken**

- Observe both children to see if there is any blood involved.
- Allow the wound to bleed gently without squeezing.
- Clean carefully with soap and water and apply first aid as per your policy.
- Inform the parents of both children as soon as possible (preferably within two hours of the incident).
- Advise both children's parents to contact their health care provider regarding post-exposure immunization and advice.
- If either child has Hepatitis B, C or HIV, report the incident to Toronto Public Health as soon as possible and ensure confidentiality of the children and parents is respected.

### **Tips to Reduce Biting Incidents**

- Teach children not to bite. When children are old enough to understand, teach that biting hurts and can be dangerous to them and to the person they bite.
- Do not pretend to bite children or let children bite you in play. Do not bite children back if they bite as this will teach them to bite.
- Reinforce a "no biting" rule at all times.
- Young children are still learning self-control. Show children how to express anger with words like "no" or "I don't like that" instead of biting.
- Redirect or distract children if you see a problem developing with a playmate.

## **IMMUNIZATION**

### **Requirements for CECC's Toddlers and Pre-Schoolers**

When a family registers with CECC, it must provide an up-to-date immunization record.

**The following vaccines are required.**

#### **Diphtheria, Tetanus, Pertussis, Polio (DTP)**

2 months, 4 months, 6 months, 18 months

#### **Haemophilus B (Hib)**

2 months, 4 months, 6 months, 18 months

#### **Pneumococcal-C-13**

2 months, 4 months, 1 year

#### **Rotavirus**

2 months, 4 months, 6 months

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

1 year

#### **Meningococcal-C**

1 year

#### **Varicella – Chickenpox**

15 months

#### **Flu Shot - Every Autumn**

### **Requirements for CECC Employees**

**Employees and Student Teachers/Volunteers, before starting work or placement, must provide an up to date immunization record and a fit-to-work medical form from their doctor.**

### **Immunization requirements**

#### **Hepatitis B**

Documented 2-4 doses or proof of immunity.

#### **MMR**

Documented 2 doses or proof of immunity.

#### **DTP**

Documented 1 dose or proof of immunity – Tdap booster every 10 years.

#### **Varicella – Chickenpox**

Documented 2 doses or proof of immunity (self-reported history of chickenpox or a blood test)

#### **TB Test**

BCG immunization

Negative TB Skin Test or Chest X-Ray

#### **Seasonal Influenza**

Strongly encouraged - annually

### **Immunization Exemptions**

Parents who choose not to have their child vaccinated or staff who choose not to be vaccinated may submit an exemption for religious or philosophical reasons. Exemptions must be documented using approved ministry forms. Completed forms are kept in the child's or employee's file.

In the event of an outbreak or case of a vaccine preventable disease (e.g., measles), children and staff who are not immunized may be excluded from CECC, this is to minimize the risk of spreading the disease.

- Statement of Medical Exemption form must be completed by a legally qualified medical practitioner.
- Statement of Conscience or Religious Belief Affidavit must be notarized by a Commissioner of Oaths.

### **Medicated and Non-Medicated – ABHR, Lotions and Creams**

Parents/Guardians will be required to provide a health practitioner's prescription for all medications/lotions that have a DIN number, for CECC to administer or apply.

Parents/Guardians will be required, upon registration, to give CECC permission to administer/apply the following:

- Alcohol based hand rubs (ABHR) containing 70% to 90%
- Insect Repellent
- Sunscreen
- Diaper Creams
- Hand/body lotions

### **Prevention of Mosquito and Tick Bites**

#### West Nile Virus

West Nile virus (WNV) is a potentially serious illness that is transmitted to humans through the bite of an infected mosquito. Although the risk of becoming infected with WNV in Toronto is low, protecting ourselves against mosquito bites can help reduce the risk even further. While anyone can be infected with WNV, the chances of having a severe illness are greater as you get older or if you have a weakened immune system. For more information, visit Toronto Public Health's [West Nile Virus](#) webpage. Public Health's [West Nile Virus](#) webpage.

#### Lyme Disease

Lyme disease is transmitted through the bite of an infected blacklegged tick. Tick populations are expanding in Canada, and [blacklegged ticks have been found in Toronto](#), which suggests that these ticks are becoming established here. However, the risk of getting Lyme disease in Toronto is considered to be low. For more information, visit Toronto Public Health's [Lyme Disease](#) webpage.

#### Prevent Mosquito and Tick Bites

From spring to fall, when participating in outdoor activities, follow these simple steps to help protect children against WNV and Lyme disease:

- Cover up and wear light-coloured clothing, long-sleeve shirts and pants outdoors, when weather permitting. Light coloured clothing makes ticks easier to spot.
- Avoid wooded or bushy areas when spending time outdoors. Watch for signs posted at park entrances that have warnings for ticks in the park.
- Move children's swing sets and sandboxes away from the woodland's edge and consider placing them on a woodchip or mulch foundation. Remove leaf litter, brush and weeds from the edge of the property. Keep tree branches and shrubs trimmed to let in more sunlight.
- Drain any standing water. The most effective way to keep mosquitoes away is to drain or remove areas of standing or stagnant water, which is where mosquitoes like to breed. Drain or clean up any containers where water may collect, including toys, planters, storage bins, eavestrough and roof gutters.
- CECC asks for written permission from parents or guardians before applying insect repellents on children. If insect repellents are used on children, the product must not contain more than 10% DEET. We always follow instructions on insect repellent labels carefully. We can find more information regarding the use of insect repellents, by visiting Toronto Public Health's [Using Insect Repellent](#) webpage.

If a tick is found, prompt removal is essential to reduce the spread of Lyme disease. CECC will contact the child's parents/guardians if a tick is found to discuss removal of the tick and to pick up their child if necessary.



