



Region of Waterloo
PUBLIC HEALTH AND
EMERGENCY SERVICES

Safe and Healthy Children: A Public Health Resource Manual for Child Care Providers





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EMERGENCY SERVICES

Preventing Illness



Chapter 2: Preventing Illness

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Glossary

Alcohol-Based Hand Rub (ABHR): A liquid, gel or foam formulation of alcohol (e.g., ethanol, isopropanol) used to reduce the number of microorganisms on hands when the hands are not visibly soiled.

Blood-borne Infections: Blood borne infections spread by way of blood to blood contact with an infected person. These infections are not spread by water or food, or by casual daily contact at home or elsewhere. The most common blood borne infections are:

- Hepatitis B
- Hepatitis C
- HIV (human immunodeficiency virus)

Body fluid: Liquids originating from inside the human body and can be excreted or secreted (e.g., feces, nasal secretions, saliva, sputum, urine and vomit)

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

Cohorting: Keeping children and staff that have been exposed to illness or ill people separate from staff and children who are not ill and have not been knowingly exposed to ill people.

Danger Zone: The temperature range (4°C/40°F and 60°C/140°F), where disease causing microorganisms (bacteria) can grow rapidly.

Disinfectant: A product that is used on surfaces which results in disinfection of the surface or equipment. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant.

Disinfection: The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Items must be cleaned thoroughly before effective disinfection can take place. See also, *Disinfectant*.

Droplets: Large particles of liquid expelled from the upper respiratory tract through sneezing or coughing. Droplets can also be expelled from gastrointestinal tract through vomiting. Droplets do not remain suspended in the air and usually travel less than two meters. Microorganisms contained in these droplets are then deposited on surfaces.

Droplet Precautions: Used in addition to routine practices. This involves wearing a mask and either protective eyewear or face shield when within two meters of a person who has an infection that can be transmitted to others by droplets (e.g., influenza, norovirus).

Enteric Illness: Enteric illnesses are illnesses that cause diarrhea, nausea, vomiting, abdominal cramps, fever and other symptoms. They can be transmitted by ingesting contaminated food or water, exposure to infected vomit or feces, direct or indirect contact with an infected person or animal, or through contact with contaminated objects.

Exclusion: Children and staff that are required to stay away from the child care center for a prescribed period of time while they have the potential to transmit disease.

Hazardous Food: Any food that can support the growth of disease-causing microorganisms and cause food poisoning or a foodborne illness. Hazardous foods contain milk or milk products, eggs, meat, poultry, fish, shellfish, or other products that are high in protein, high in moisture and have a neutral pH. Hamburgers, hot dogs, dairy products, chicken and cooked rice are some examples of hazardous foods

Humidex: The humidex is an index that describes how hot weather feels. It takes both temperature and humidity into consideration to derive a perceived temperature and comfort level.

Humidity: Humidity refers to the amount of water present in air.

Immune-Suppressed: Someone whose ability to fight an infection is decreased. Usually this is due to immune-suppressing medical conditions (i.e., HIV) or treatments that suppress the immune system (i.e., cancer treatments)

Infection Prevention and Control (IPAC): Evidence-based practices and procedures that, when applied consistently, can prevent or reduce the risk of transmission of microorganisms to staff, children and visitors.

Infectious agent: Microorganism capable of invading body tissue and multiplying (e.g., bacteria, fungus, parasite, virus).

Outbreak: An outbreak is when a greater than expected number of children and/or child care providers have similar symptoms in a short period of time.

ROWPHE (or Public Health): Region of Waterloo Public Health and Emergency Services

Respiratory infection: An infection that affects the respiratory system, including the lungs, nose and throat.

Routine Practices: Certain protective behaviors, such as performing hand hygiene and wearing gloves, recommended when there is the possibility of being exposed to body fluids or other infectious materials.

Sanitize: To reduce the number of harmful micro-organisms on a surface to safe levels by using a chemical sanitizing solution.

Sharps: Any object that could break, cut or puncture the skin can be considered a "sharp".

Transmission: The passing of a disease from an infected person or group to another person or group. This may or may not involve intermediate hosts or objects that carry the disease from one person to another.

Source for definitions:

[Infection Prevention and Control Public Health Ontario](#)

Children are particularly susceptible to illnesses for several reasons. They have not been exposed to many common germs, their immune systems are still developing and they usually have poor hygiene habits. Child care centre owners and staff play an important role in protecting children from, and minimizing the impact of, infection and illness.

The most important concept in infection control is prevention because:

- People can spread some infections without being sick themselves.
- Several diseases are contagious before any symptoms appear or after the symptoms are gone.
- Just one exposure to germs can be enough to cause an infectious disease.

How infections spread

Respiratory and enteric illnesses spread at a higher frequency in child care centres. The following factors contribute to children being more susceptible to infection than healthy adults:

- Children have a limited ability to fight infection, as their immune systems have not fully developed.
- Children undergo a series of immunizations for preventing various diseases. Therefore, depending on their age, they may not have had enough time to complete the entire series.
- Children typically do not have strong hygienic practices; these include covering their nose and mouth when they cough or sneeze, and properly washing their hands.
- Most children have a lack of prior encounters with infectious agents. This means that at home their exposure to germs was limited. Diseases spread easily in child care centres because, when large numbers of children spend time together in one place every day, they are exposed to a wide range of different germs that their immune system does not recognize.

Before you can prevent infections, it is important to understand how they spread. Bacteria, viruses and other microscopic organisms cause infections. These germs are in the environment (water, soil, air, objects and surfaces) as well as in and on humans, in our body secretions (stool, mucous) and in the tiny droplets generated by breathing, coughing and sneezing.

Contact with blood

- The skin offers an excellent barrier when in contact with blood.
- Several infections may be spread by direct contact with blood if there is a break in the skin (blood to blood) or direct contact with mucous membranes (e.g., eye, mouth).
- A small amount of blood or body fluids may be enough to cause infection. Whenever you see any amount of blood or bloody body fluids, you must use personal protective equipment such as gloves for proper cleaning and disinfection of contaminated objects.

Direct physical contact

- Infections, particularly skin infections such as impetigo and ringworm, spread by direct physical contact. This can happen when children play together and one child touches the infected skin of another child.

Contact with contaminated objects

Contaminated objects such as toys, towels and food and water, can also infect people. It is important to properly clean and disinfect all objects routinely using best practices as recommended by public health and that all food and water are from approved sources.

**Hand washing is one of the best ways
to reduce the spread of illness in childcare centres**

Infection prevention policies and procedures

Well written and accurate policies and procedures promote an effective, efficient and consistent approach to infection prevention and control.

Definitions:

A **policy** is a plan or course of action used to guide an organization to create decisions.

A **procedure** is a series of steps that need to be taken to accomplish something.

Public Health requires your child care centre to have policies and procedures in place for:

1. Excluding, re-admitting and cohorting ill children and child care staff and volunteers. Cohorting means caring for several children and staff together who are known to have the same infection and/or symptoms of illness. Staff and children that are cohorted should have no direct contact with well children and staff. Toys, equipment and other materials cannot be shared.
2. Reporting infectious diseases and suspected outbreaks to Public Health.
3. Communicating illnesses and outbreaks to parents or guardians.
4. Handling blood and body fluids and recording events that involve cleaning or exposure to blood or body fluids.
5. Diapering.
6. Cleaning and disinfecting toys, pet cages, furniture, frequently touched surfaces, sensory and water play tables.
7. Dealing with emergency situations (fires, power outages, sewage back-up, no heat, no water or water interruption).

How to create effective policies and procedures:

- Provide detailed steps by answering: who, what, when, where, why and how (at a minimum) to effectively manage a situation.
- Consult credible sources. Write policies and procedures that are specifically suited to meet the needs of your centre in the best way.
- Inform and train staff on all policies and procedures to ensure staff follow them and respond efficiently.

Policies and procedures required by Public Health

1. **Exclusion, re-admission and cohorting of ill children and staff**

- What daily actions do you take to monitor for illness? (Example: daily health checks, monitoring and screening for symptoms). Are these recorded in a communications binder, book or form?
- What actions will you take when you have ill children and/or ill staff members? (Example: exclude from attending, keep ill children and ill staff together, call parents, consult with a public health inspector if unsure of situation or require additional help, etc.).
- If you are going to isolate, where will you place the ill child and/or ill staff member? Identify this area as your designated isolation area.

- If you are going to cohort ill children and ill staff members, describe where and how that will happen.
- What does your centre require for re-admission after a child or staff member has been away due to illness? (Example: Doctor's note, permission from Public Health, when the child is symptom free and well enough to participate in all activities, after treatment etc.) Use these re-admission standards when you send a child home due to observed symptoms of illness.

2. Reporting suspected outbreaks to Public Health

- What actions will you take when you suspect an outbreak in your centre? What level of illness is an outbreak in your centre? Can your staff members recognize an outbreak? You must create a definition for an outbreak that is specific to your centre.

Public Health's definition of an outbreak: A greater than expected number of children and/or childcare providers that have similar symptoms (fever, diarrhea, vomiting, rash, respiratory symptoms) in a short period of time.

- Identify who, when and how you will report illnesses and outbreaks to Public Health.
- Will you exclude or cohort ill children and/or ill staff members when you suspect an outbreak or when you have multiple individuals with the same symptoms?
- To effectively manage any suspected outbreak you should always notify the parents to pick up ill children and send ill staff members home. Report all suspected outbreaks to Public Health and begin a line listing of all ill children and ill staff members.
- Public Health, in consultation with the child care centre, will declare if and when you are experiencing an outbreak in your centre. You must report any suspicions of an outbreak as well as an increase in the number of ill children and ill staff members in your centre. To report, call Public Health **at 519-575-4400**.
- What additional actions will you take during illnesses and outbreaks to minimize the spread of infection in your centre? (Example: stop all shared water and sensory play, no toy sharing, increase frequency of hand washing among all children and staff and increase frequency of daily disinfection of high-touch surfaces and toys). When you are in outbreak mode you may have to switch disinfectants to ensure you are using a disinfectant suitable to the situation. A chlorine (bleach) and water solution or an enhanced hydrogen peroxide product is recommended for all types of outbreaks. For the [Surface Disinfection with Chlorine \(Bleach\) chart](#).
- Public Health will also declare when the outbreak is over and when you can resume regular activities.

3. Reporting communicable diseases to Public Health

- Do your staff members know what a communicable disease is? You can find a current list of diseases that must be reported to the local Medical Officer of Health in the Public Health Reportable Disease List. For the [Region of Waterloo Public Health Diseases of Public Health Significance List \(Reportable\)](#). Public Health recommends that you print and attach the list to this policy and procedure.
- When an individual child or staff member is ill with a reportable disease, they may need to be excluded from the centre. Public Health will notify the centre regarding the exclusion. If a parent or staff member makes you aware of the reportable illness before Public Health contacts you, then report the illness to Public Health (519-575-4400) as soon as possible. Public Health will take the lead regarding the exclusion and re-admission of the ill child or staff member to the centre.

4. Communication of illnesses and outbreaks to parents of children

- How will you communicate with parents regarding what you are observing in your centre? Will you post a sign or information advising parents of the illnesses and outbreaks at the front door? For the [Information for Parents/Guardians- Gastrointestinal Outbreaks factsheet](#).
- Will you send a letter home with the children? What will you include in the letter? Public Health recommends that you have a letter template ready to go in the event of an outbreak. Print and attach a sample letter to this policy and procedure.

5. Routine procedures for handling blood and body fluids and recording incidences

- Body fluids include blood, urine, feces, vomit, mucus such as nasal drainage and phlegm. How will you clean these body fluids from surfaces in your centre? Provide a step-by-step procedure for cleaning.
- Do you have a recording form or log book to document these incidences?
- Follow manufacturer recommendations for disinfectant concentration and contact time. If using household bleach (with chlorine), you can find the required concentration and contact times in the Surface Disinfection with Chlorine (Bleach) chart. For the [Surface Disinfection with Chlorine \(Bleach\) chart](#).
- Provide a spill kit to clean up blood and body fluids. The spill kit includes a pail, disposable gloves, disposable paper towels, 5.25% chlorine bleach solution and a procedure for cleanup. You can post the procedure in the same area where disinfectants are stored and mixed or another convenient spot so you can easily access the procedure when you need it.

6. Contingency plans for emergency situations

- Plan for emergency situations such as fires, power outages, sewage back up, no heat, no water or water interruption in advance.
- Identify what actions you will take in the event any of the above-mentioned emergencies take place at your centre.

- State actions you will take in a step-by-step format.
- If you are going to evacuate to a nearby location identify the full name, address and phone number of the emergency evacuation site.
- Notify Public Health of your emergency. Call 519-575-4400 and ask to speak to a public health inspector.
- For information about what needs to be included in a fire safety plan contact your local Fire Department Prevention officer.

7. Cleaning and disinfection procedure for toys, pet cages, furniture and other high touch areas

- Provide detailed steps for cleaning and disinfection.
- What is cleaned and how? What products do you use to clean and disinfect?
- How is the disinfectant mixed and what is the desired concentration?
- Where is the cleaning and disinfecting done in the centre?
- Who is responsible to clean and disinfect?
- How often will you clean and disinfect?
- Create a cleaning schedule for every classroom. Clearly identify areas to clean and the frequency of cleaning. You may wish to group similar items in the cleaning schedule to reflect four areas: after every use, daily, weekly and monthly.

8. Diapering procedure

- Post the diapering procedure at every diapering station.
- Train staff members to follow the diapering procedure accurately.

9. Sensory and water play table

- Post the sensory/water play table cleaning procedure at the water/sensory play station area.
- Provide step-by-step cleaning and disinfection instructions for the water play table and toys.
- Indicate how often sensory materials should be changed.

Hand hygiene

Hands pick up germs from anything they touch, and they can spread those germs to objects, surfaces, food and people. Hand washing with soap and water is still the single most effective way to reduce the spread of illness.

Encouraging hand hygiene

Teach children how to wash their hands properly in a relaxed and fun way. For example, they can sing 'Happy Birthday' twice while washing their hands for a more thorough hand wash. Everyone – owners, staff and children – should wash their hands more often when there is an illness or infection in the centre.

Infection control including hand washing and hygiene teaching kits and videos are available for loan from the [Region of Waterloo Library](#).

Six steps to proper hand washing

1. Wet hands under warm running water.
2. Apply enough liquid soap to cover all areas of your hands. Antibacterial soap is not required.
3. Rub hands together for at least 15 seconds. Rub finger tips, between fingers, back of hands, base of thumbs and under wrist creating lather.
4. Rinse off all soap under warm running water.
5. Dry hands with a clean, single-use towel.
6. Turn off water with towel.

For the [Hand washing: How to Wash Your Hands poster](#)

Children should wash their hands

- When they arrive at the centre and before they go home
- Before eating, drinking, using water play tables
- After a diaper change, using the toilet
- After playing outside, handling pets, cages or other pet objects
- After sneezing or coughing into hands
- Whenever hands are visibly dirty

Child care staff and volunteers should wash hands

- When they arrive at the centre and before they go home
- Before handling food, preparing bottles, feeding children
- Between handling raw and cooked food – cross contamination is a risk
- Before giving or applying medication or ointment to a child or self
- After changing diapers, assisting a child to use the toilet, using the toilet
- After contact with body fluids (e.g., runny noses, spit, vomit, blood)
- After handling pets, pet cages or other pet objects
- After cleaning, and removing gloves
- After handling garbage
- Whenever hands are visibly dirty

Using disposable gloves

- Disposable gloves do not replace hand washing.
- Child care staff must wash their hands before putting on gloves and immediately after removing gloves.
- Child care staff should wear disposable gloves to clean up blood, vomit, urine and stool.
- Child care staff should wear disposable gloves when they have cuts on their hands and when the diaper change involves a messy bowel movement.

Five steps for putting on and taking off disposable gloves

1. Wash your hands.
2. Put on gloves. Be careful not to tear or puncture the glove.
3. Remove gloves by using a glove-to-glove and skin-to-skin technique.
4. Grasp the outside edge near the wrist and peel away, rolling the glove inside out.

5. Reach under the second glove and peel away.

Alcohol-based hand rubs

Alcohol-based hand rubs are not recommended for use when hands are visibly soiled. However, hand rubs are useful when a sink or running water is not available. Be sure to choose an alcohol-based product. Products that are not alcohol-based will not kill germs.

Because they contain 60 to 90 per cent alcohol, hand rubs are a fire hazard and can be harmful if swallowed by children. To reduce the risk, always have child care staff help children use alcohol-based hand rubs.

Correct way to clean hands with alcohol-based hand rub

1. Use enough alcohol based hand rub to cover all areas of your hands (one to two full pumps or a “loonie” sized amount).
2. Rub hands together for at least 15 seconds or until the product is dry (rub finger tips, between fingers, backs of hands, base of thumbs and under wrist.).

For the [How to use Alcohol Based Hand Rub poster](#)

Diapering and toileting

Child care providers need to be very careful when diapering or helping a child use the toilet. Children can carry many illnesses and unintentionally cause the transmission of diseases through their behaviour. Staff must also ensure that food handlers are not responsible for changing diapers or helping children on the potty/toilet on the same day that they will be preparing food. This practice alone will decrease the potential for spreading infection. The diapering area and toilet need to be clean and the right equipment and materials should be available and readily accessible.

Diapering area requirements:

Diapering location and surface

- Separate diapering area from feeding and food preparation areas.
- Use a diapering surface that is non-absorbent and easy to clean.
- Do not rinse or wash soiled diapers and clothing.
- Use a foot activated garbage receptacle with a disposable liner.
- Post and follow appropriate diapering procedures.

Creams, ointments and wipes

- Prevent contamination of creams and ointments. Use a single-use applicator or a new pair of disposable gloves for application.
- Label creams, ointments and wipes for each child. Do not use the same container of product on different children.

Hand sink

- Provide a designated hand sink adjacent to diapering table.
- Provide liquid soap and paper towels in dispensers.

Cleaners and disinfectants

- Provide appropriate cleaner and disinfectant at or near the diapering table. Label the disinfectant spray bottle with the disinfectant name.

Diapering procedure – 14 steps to diapering:

1. Wash hands with soap and water before and between each diaper change.
2. Gather supplies needed for diaper change before placing child on change table or raised surface. This will prevent falls by ensuring that supplies are always within arm's reach and that one hand can be on the child at all times. Gloves are recommended when there is a risk of contact with body fluids including urine and feces.
3. Hold child away from your clothes as you place them on a clean change table.
4. Remove the diaper, fold the soiled surface of the diaper inward, and set it aside.
 - a) If cloth diapers are used, remove pins and close them.
5. Clean child's skin with a pre-moistened disposable wipe or single-use towel.
6. Place soiled diaper and wipes in the garbage.
 - a) If using a cloth diaper, place diaper and any soiled clothing into a plastic bag, without washing or rinsing, to send home with parents for cleaning.
7. Use skin care products only if requested by the parent, and only for the designated child. Label skin care products with each child's name and dispense using a disposable applicator or new glove.
8. Remove and discard gloves if used.
9. Wash your hands or use a pre-moistened disposable wipe.
10. Diaper and dress the child.
11. Wash the child's hands with soap, running water and use paper or single-use towels to dry.
12. Return the child to the activity or sleep area.
13. Clean and disinfect the changing surface and other items that were touched after each child. Allow appropriate contact time for the disinfectant on the diaper pad.
14. Wash hands thoroughly with soap and water, and use paper or single-use towels to dry.

Toileting/potty use procedure

1. Place the child on the toilet or the potty.
2. Assist the child with cleaning themselves (if necessary).
3. Wash hands thoroughly with soap and water. Use paper or single-use towels to dry.
4. Help the child get dressed (or diapered).
5. Wash the child's hands with soap and running water. Use paper or single-use towels to dry.
6. Put on a new pair of disposable gloves.
7. Clean and disinfect the toilet and toilet ring as required.
 - a) If using a potty, empty contents of potty into the toilet carefully to avoid splashing. Clean and disinfect the potty.
8. Remove gloves and dispose in a lined waste receptacle.
9. Wash your hands.

For the [Diapering and Potty Use/Toileting Procedure](#)

Personal items

Every toy and surface of the child care centre must be clean and maintained in a sanitary manner.

Bed linens

- Cots and mattresses must be non-absorbent and easy to clean.
- Clean and disinfect cots and mattresses at least once a week and when they are soiled.
- Designate bed linens for every child.
- Label bed linens, cots and mattresses with an identifying label for each child.
- Store cots and linens in clean dry areas to prevent mould and mildew growth.
- Cots and linens must be stored separately and away from everyday activities.
- Launder bed linens at least once a week and when soiled. Use the hottest setting on the clothes dryer.
- Launder bed linens if a child inadvertently uses another child's cot.

Combs/brushes

- Store children's personal items separately in a clean and sanitary manner.

Cloths used for face and hands

- Use cloths for face and hands only once and then place in laundry.
- Launder soiled cloths at least daily. Use the hottest setting on the clothes dryer.
- Laundry baskets must be non-absorbent and easy to clean.
- Replace worn cloths.

Cleaning and disinfecting

Cleaning and disinfecting reduces the spread of germs. Some germs can live for hours, days or weeks on toys, counters, diapering tables, door knobs, computer keyboards and other surfaces. Cleaning is as important as disinfecting.

Cleaning is the removal of dirt and germs from a surface by friction caused by a rubbing action. Cleaning with soap and water removes dirt and grease that can hide and protect germs from disinfectants. Cleaning will substantially reduce the number of germs that may be on surfaces.

Disinfecting, by applying a chemical disinfectant after cleaning, will kill most of the germs left behind.

Vinegar is not a disinfectant. Do not use vinegar for disinfecting in child care centres. Vinegar does not kill germs!

Steps for cleaning and disinfecting

1. Clean with soap and water.
2. Rinse with clean water and air dry.
3. Apply the disinfectant according to the manufacturer's instructions on the label.
4. Allow the surface or object to soak in the disinfectant for the required contact time. If using household bleach (with chlorine), you can find the required concentration and contact times in the [Surface Disinfection with Chlorine \(Bleach\) chart](#).
5. Rinse with clean water, if required according to manufacturer's instruction on the label. Rinsing is not required when using household bleach and water.
6. Allow to air dry.
7. You can clean and disinfect durable objects in a commercial dishwasher.

For the [Surface Disinfection with Chlorine \(Bleach\) chart](#)

Disinfectants tips

- Purchase a disinfectant that is appropriate for the surface. Disinfecting a surface destroys or inactivates germs on inanimate surfaces in areas other than food preparation.
 - All disinfectants, except for bleach, must have an eight digit Drug Identification Number (DIN) from Health Canada.
 - Products with a DIN must be used according to manufacturer's instructions with particular attention to contact time.
- Not all products are made the same.
- Read the label (if using a pre-mixed commercially available disinfectant) to determine how long it needs to remain on the surface. Some disinfectants require up to 10 minutes of contact time.
- Apply disinfectants evenly and completely cover a surface.
- Label the bottle identifying disinfectant solution and keep it out of children's reach.
- Never use alcohol-based hand rub to disinfect an environmental surface.
- It is recommended that any disinfectants in the workplace have a Material Safety Data Sheet (MSDS) that is available to all staff.
- Do not permit children to perform or assist with cleaning and disinfection.
- Create and follow a cleaning and disinfecting schedule.
- Set up a schedule to ensure all cleaning and disinfecting duties are consistently completed.
- Post the schedule in your child care centre and review with staff.
- You must increase the frequency of cleaning and disinfecting during an outbreak to reduce the spread of germs.
- Monitor to ensure that staff are cleaning as scheduled.

Cleaning and disinfecting schedule

These are minimum recommendations and apply to normal operating conditions. During an outbreak of a communicable disease, extra cleaning and disinfecting will be necessary. Not all toys can be immersed or sprayed with disinfectant. A clean cloth moistened with a disinfecting agent may be used to wipe surfaces, where appropriate.

Toys	When	How
Small toys that go into mouth	After being mouthed	Clean, sanitize and air dry. Hard plastic toys can go into the dishwasher.
Large toys	Weekly	Clean, disinfect and air dry.
Frequently handled toys, such as cleanable books and puzzles	Twice weekly or as required	Clean, disinfect and air dry.
Dress up clothes	Weekly	Clean (launder) and dry on the hottest setting.
Hats and headwear	After each play session	Clean (wipe or launder).
Sleep Areas	When	How
Crib rails	Daily, if crib is used or shared by other children.	Clean, disinfect and air dry
Bedding and linens	Weekly for toilet-trained children. Change daily if crib and bed is used by other children.	Launder and dry on the hottest temperature setting.
Crib mattress	Weekly	Clean, disinfect and air dry
Play Areas and Surfaces	When	How
Dining table tops	Before and after meals	Clean, disinfect and air dry
Floors (e.g., tiles and vinyl)	Daily	Clean with soap and water
Carpets	Daily	Vacuum
Carpets	Twice per year	Steam clean
Small rugs	Twice weekly	Vacuum or launder

Toys	When	How
Toilet and Potty Chairs	When	How
Toilet bowls	Weekly	Clean with toilet bowl cleaner
Toilet seats and rims	Daily	Clean, disinfect and air dry.
Flushing handle, door knobs, counters and faucets	Daily	Clean, disinfect and air dry.
Potty chair	After each use	Clean, disinfect and air dry
Diaper change surface	After each use	Clean, disinfect and air dry.

Safe use of toys and sensory materials

Children benefit in many ways from play activities. The play environment, including arts and crafts materials, toys, personal and sensory items including water and sand can easily become contaminated with germs that may cause infections. To help prevent the spread of infection from one child to another, child care providers are responsible for following minimum guidelines for play at the centre.

The following guidelines are recommended to help ensure the health and safety of the children during play and learning activities in the indoor and outdoor environment.

Toys

- Check the general appearance of the toys and ensure they are in good repair.
- Check that personal items are stored separately for each child.
- Inspect toys regularly and remove any that may pose a hazard or have been recalled. Do not use old, donated toys or other objects that may contain lead. Do not use products that bear hazard symbols.
- Toys should be cleaned and disinfected when purchased new or when borrowed and returned.
- Check [Health Canada's Consumer Product Safety website](#) regularly for product recalls on toys, play equipment, furniture and accessories. You can subscribe to the [Health Canada recall email list](#) to get alerts on consumer advisories, warnings and recalls.

Toys should be:

- Easily cleaned and disinfected
- Machine-washable (cloth toys)
- Made of non-toxic materials
- Made with smooth edges and parts that do not break off easily.

Children can use dress-up clothing, hats and different head gear, and musical mouth instruments (such as whistles, blow-pipes, etc.) during play sessions.

However, to help prevent the spread of disease, sharing of personal items among children is not recommended. Here are some recommendations to remember if these items are used:

- Do not share make-up or face paint that contacts mucous membranes (e.g., eyes, mouth). Apply make-up and face paint with a single-use applicator designated for each child (e.g., cotton swab).
- Sharing of hats is not recommended. If used, you must clean and disinfect or wash after every play session.
- Clean and disinfect mouth toys between each use. Encourage parents to supply an individual instrument(s) for their child.

Natural toys

Natural toys are items that are naturally found in the surrounding outdoor environment. Rocks, shells, wood, leaves, bird nests and pine cones are examples of natural toys. These toys can play a very important role in education. However, natural toys may contain contaminants from the environment which can make children sick. For example, bird nests may contain feces. Before selecting and using, it is the responsibility of the child care providers to examine each item. Some natural toys cannot be cleaned and disinfected, so select all items from a clean source and replace them as needed. Child care providers and children must wash their hands after handling all natural toys. To prevent the risk of infection associated with natural toys, child care providers must supervise children closely to ensure children do not put natural toys into their mouths.

Sensory play activities

Sensory activities are very popular in day care centres. Tables are usually filled with dry food, water, sand or other non-food items for indoor play. These items are safe to use, providing the following requirements are met.

Water play

Individual water play:

Individual water play containers are recommended for infants, toddlers and diapered children. Individual containers are easier to disinfect between uses and are less likely to contribute to the spread of infections. You can group the containers on the floor or tables so the children can still play together.

Individual water play is also recommended for a child who is ill with a cough, cold, intestinal infection or skin infection.

Group water play:

Group water play may be used for preschool children. Children and staff **must** wash their hands before and after water play. Group water play is not recommended for children who may be ill with a cough, cold, intestinal infection or skin infection.

Choosing a water play tub:

Play tub design is important to make water disposal, cleaning and disinfecting easy. Choose a tub with the following characteristics:

- Small in size
- Light weight
- Easy to handle
- Has smooth, non-absorbent, non-porous and non-corrosive surfaces
- Has rounded corners and edges
- Stable design and not easy to tip over.

Recommendations for safe use and care of the water play tub:

Fill the tub with clean tap water (potable, i.e., chlorinated or municipal) just before use. Do not add bleach, other disinfectants or vinegar to the play water when in use. Change the play tub water after each use or more often as necessary. If

water tables are used for the whole day, then the water should be changed for each group play. If the water looks cloudy, it needs to be changed. **Ensure all staff and children wash hands before and after water play.**

Follow these steps for cleaning and disinfecting the water table:

1. Empty the tub after use and wash with detergent.
2. Rinse off the detergent with clean, clear water.
3. Disinfectant thoroughly.

Procedure for disinfecting sensory play tables and water play toys:

A freshly made bleach solution (500 ppm) may be used. Mix 10 ml (2 teaspoons) bleach in 1 L (4 cups) of water. A 400 ppm quaternary ammonium solution may also be used instead of a bleach solution. Before emptying, let the disinfectant sit in the tub for at least 10 minutes, or for the time the manufacturer has recommended.

- Allow the water table to air dry.
- Disinfect all toys used in water play after each session. Clean, disinfect and allow them to air dry before next use. Hard plastic toys can go into the dishwasher.
- **Cover water play table when not in use.**

Food play

Many food products are used in sensory activities (e.g., dry pasta, rice, beans, cornmeal). Monitor dried food used in sensory tables for safety, sanitation and quality. The recommendations for food play include:

- **Have children and staff wash their hands before and after using the table.**
- Use only dry food materials in play tables. If dried food becomes wet, it must immediately be thrown out. Food provides an excellent breeding ground for infectious disease agents once moist. **Do not use cooked food for sensory play.**
- Do not use any product that emits dusts or powders.
- Discontinue use of food in sensory play in the event of a rodent or insect infestation in the sensory play food.
- Use homemade food products such as goop and slime once, and then discard. These products are moist and bacteria can easily grow in them when stored in the classroom.
- Store food products in puncture-proof containers labeled with the name of the food product and preparation date.
- Keep sensory play tables covered when not in use.
- Ensure dry food items, cereal, rice, pasta, beans and other food products in the play table are kept no longer than one week and then discarded. **Dried food contents must be changed weekly.**
- Clean under the table daily. Discard any contents that fall on the floor. **Do not repackage and store.**
- Clean and disinfect the sensory play table at least once per week or more often, if required.

- Monitor children carefully to prevent children from putting sensory food items in their mouths. Individual sensory items such as goop and slime are recommended for any children with an infection.

Sand play

Play sand used within play sand tubs must be free from disease-causing or injury-producing agents such as parasitic eggs, insects, feces and other foreign objects.

Have the children and staff wash their hands before and after using the sand table.

Indoor sandboxes:

- Use sand that is pre-packaged, sterilized, sealed and labeled “play sand.” The packaging should state that the sand has been washed, dried and is dust and silica free. The play sand that can be purchased in most hardware stores is a safe product. Use this product in play sand tubs. Soil is not permitted.
- Keep all pets and food away from the sandbox.
- Allow wet sand to air dry overnight. It is important to note that once play sand becomes moist or wet it may be capable of sustaining microbiological growth.
- Sandbox toys must be rust-proof, non-breakable, and easy to clean and disinfect.
- Clean and disinfect the sandbox toys after each use. For the [Surface Disinfection with Chlorine \(Bleach\) chart](#).
- Replace sand monthly or as often as required.
- Clean area under the play table daily. Discard any sand spilled on the floor. **Spilled sand must not be placed back into the table**
- Keep table covered when not in use to prevent contamination.

Outdoor sandboxes:

Outdoor sandboxes are at risk for contamination from outside sources such as animal feces or sharp objects like discarded needles. To prevent contamination:

- Cover sandboxes with screening or mesh when not in use. This prevents access to animals but allows air circulation.
- Rake sand and the area around the sandbox daily to aerate it.
- Check the sand for feces and foreign materials before it is accessible to children. If you find feces, empty the sandbox, discard the contaminated sand, clean and disinfect the sandbox and allow it to air dry before re-filling it with clean sand. If only urine is present, rake the sand to aerate it, leave the sandbox open to sunlight and do not allow use for 24 to 48 hours. **Sunlight provides an effective protection against some microscopic contaminants. Treating sand with chlorine bleach solutions and/or boiling water has very little effect on micro-organisms.**
- Replace sand seasonally, or as often as required. Keep sandbox toys indoors between uses and clean and disinfect them weekly

Hands, more than any other part of the body, are in contact with the environment and pick up many types of germs. Hand washing is one of the most important ways to reduce exposure to germs that may be picked up.

Arts and crafts

General recommendations:

- Have the children and staff wash their hands before and after art and craft activities. **Wash hands in the designated hand washing sink, not the craft utility sink.**
- Provide a utility sink in the arts and crafts area for cleaning paint brushes and re-usable craft supplies.
- Supervise children with arts and crafts materials.
- Choose non-toxic products.
- Remind children not to touch their mouths, noses and eyes with hands, brushes or other materials or tools.
- Store all materials away from food and drink and out of the reach and sight of children.
- Staff and children should not eat or drink when using arts and crafts materials.
- Keep materials in their original containers whenever possible. If you transfer all materials, put labels on new containers.
- Read the safety instructions on your sensory materials every time you use them.
- Do arts and crafts in a well-ventilated area.

For the [Sensory Play factsheet](#)

Contact with animals and pets

It is a good practice to have policies and procedures for handling visiting and/or resident animals in the child care centre. Interaction with animals can be a positive experience for many children. The choice to have pets in the child care setting must be considered very carefully. Infants and children under the age of five years are at a higher risk for infectious disease and injury from animals. Consider having animals visit instead of residing at a child care centre.

The following risks and responsibilities are associated with animals on site:

- Safety (bites and scratches)
- Transmission of infections
- Cleanliness
- Allergies
- Additional workload for staff
- Accidental abuse of the animals by young children

Pets in the centre

Pets that live in or visit your child care centre must:

- Come to the centre healthy.
- Have documented up-to-date vaccinations.
- Be kept away from food preparation areas of the child care centre at all times.

Other things to consider if an animal is present at a child care centre:

- Parents must be advised that an animal will be present.
- Ensure children always handle pets under adult supervision.
- Only adults should clean and maintain the animal's living quarters.
- Do not allow children to kiss pets.
- Do not allow children to put their hands to their mouths until they wash their hands following animal contact.
- Keep animal food, litter and feeding dishes out of reach and stored in a separate area.
- **Children and staff must wash their hands after handling pets or pet items including pet food.**

If your child care centre chooses to have a pet, keep the following in mind when selecting the type of animal:

- Hamsters, guinea pigs and fish make suitable pets in a child care centre.
- Reptiles, especially turtles, are not acceptable pets and they may carry bacteria, such as Salmonella.
- Birds are not recommended in child care centres since birdseed attracts mice. Birds also require extra housekeeping duties.

Ask yourself these questions before committing to the care of an animal at a child care centre:

- Can you maintain the animal in a manner that prevents unsupervised contact from children?

- Is there provision of care during weekends and holidays?
- Is there time to care for animals on a daily basis?
- Would you recognize when a pet is ill and requires veterinary attention? Is there a plan in place to cover necessary health care costs, in the event the pet becomes ill?

For recommendations about animals in a child care centre, see the [Recommendations for the Management of Animals in Child Care Settings, 2018](#)

Consider special event days for animal guests as an alternative! Several community agencies have carefully selected animals available for supervised visits (such as the Humane Society and Kennel Clubs).

Animal exhibit safety:

While animal exhibits (petting zoos) are popular attractions, they can also be a source of infection and illness for visitors. All animals, including all domestic, wild and exotic animals can be sources of infection. To protect children from getting sick while visiting animal exhibits follow these tips:

- **Hand wash:** Hand washing is the best defense against acquiring a disease. Always wash hands thoroughly after children or care providers touch an animal, their bedding or pen enclosures. Substitute alcohol hand gel sanitizers for hand washing only when hand wash facilities are unavailable.
- Do not allow children or child care providers to eat or drink near the animal exhibit.
- Do not bring children's toys to the exhibit.
- Discourage children from sucking fingers or touching their mouth or face.
- Supervise young children closely especially those under five years of age.

For the [Animal Exhibit Safety factsheet](#)

Rabies

What is rabies?

Rabies is a fatal disease caused by a virus that affects mammals, including humans. Once symptoms appear, rabies is almost always fatal. The virus can be transmitted through an animal's bite, scratch or through contact with its saliva (e.g., if the saliva enters the blood stream through an open cut or sore or through a mucous membrane such as the eye, nose or throat.).

Rabies prevention

In Ontario, the most common animals that carry the rabies virus are bats, raccoons, skunks and foxes. Animals such as cats, dogs and cattle can also get rabies if they are exposed to an animal that is infected with rabies.

Stay away from dogs or cats that are unknown to you (strays). Avoid at all times, wild animals such as raccoons, skunks, foxes and bats! Educate children to leave stray animals and wildlife alone. An animal that appears friendly may still bite. Typical behaviour for healthy wild animals is to stay away from people.

Avoid sick or dead animals. Rabid animals change their behaviour. They may become very aggressive or very passive. Avoid animals that are acting strange. Never touch dead animals!

Reporting animal bites and scratches

Report all biting or scratching incidents to Public Health to assess the risk of rabies infection. Note: You are legally required to report any incident of an animal biting a person to public health.

Report animal biting/scratching incidents to Public Health at 519-575-4400

If someone is bitten or scratched while at your child care centre, take the following actions:

- Provide immediate medical attention to the person bitten or scratched.
- Wash the wound immediately with soap and warm water, then rinse with clean water and apply an antiseptic.
- Record the event. If a child is bitten or scratched, advise parent or guardian to seek medical attention. Inform parent or guardian that you will be reporting incident to Public Health.
- Report the incident to Public Health to initiate a rabies investigation. For the [Animal Bite/Contact Reporting Form](#), see Chapter 10: Letters and Forms.

Collect and provide the following information to Public Health:

- Pet owner's name, home address and phone number.
- Description of animal (e.g., breed, colour, markings, size, pet name).
- Details of circumstances of incident (e.g., was it provoked?).
- Name(s) of victim and parent or guardian, address and phone numbers.

Prevention of blood-borne infections

Blood-borne infections are very rare in children and the risk for transmission in child care settings remains extremely low. However, it is important to **assume that all blood is potentially infectious**. Use the following routine blood and body fluid practices when there is a possibility of contact with blood or blood-tinged body fluids.

Child Care Centre personnel come into contact with blood or other potentially infectious body fluids in the course of providing first aid or caring for a child with a bleeding nose, etc. The key steps in handling blood, body fluids that contain visible blood, or objects contaminated with blood include:

1. **Wash your hands:**

Hand washing remains the best defense against any infection, including blood-borne infections. If possible, wash hands before and after exposure to blood or any other body fluids and before and after removing gloves. Washing with plain soap and water is effective. Alcohol-based hand rub can also be used, but only if hands are not visibly dirty.

2. **Wear Gloves:**

Wear disposable gloves whenever applying first aid or cleaning up blood or body fluid spills from surfaces. Clean, non-sterile vinyl or latex gloves protect any open areas on hands that could be exposed to blood. It is important to wash hands well after removal of gloves.

3. **Clean Contaminated Surfaces:**

Wearing gloves, immediately wipe up spills of blood with paper towels and dispose of them into a plastic lined garbage receptacle. Wash the area with hot water and a household cleaner and then rinse. For specific information on how much bleach to mix with water and how long the mix should be in contact with the contaminated surface, please see the [Surface Disinfection with Chlorine \(Bleach\) chart](#).

4. **Dispose of Contaminated Articles:**

Contaminated tissues, paper towels, etc.: Dispose of any blood-soiled articles into a plastic bag and then tie it at the top. Dispose of bag in the garbage.

Laundry: Wearing gloves, rinse blood-stained laundry in cold water but do not remove body fluids by spraying with water. Launder using a regular laundry detergent with household bleach (according to product instructions and where suitable for fabrics) and a normal machine wash and dry. If unable to launder on site, place the contaminated laundry in a plastic bag and then tie it shut for transport home. A second outer bag is recommended only if the bag is leaking. If you take contaminated clothing to a dry cleaner, appropriately label the item and inform the cleaning personnel.

Blood-borne infections

In recent years, there has been increased concern about blood-borne diseases, particularly hepatitis B, hepatitis C and HIV infections. These infections are very rare in infants and preschool children. However, it is important to be aware of the methods to prevent the possibility of transmission of the infection. Children with hepatitis B, hepatitis C, HIV or other blood-borne infections may unknowingly be infected while appearing healthy.

Hepatitis B

Hepatitis B is a virus that causes infection of the liver. The virus is found in body fluids of people with hepatitis B, including blood, semen, vaginal secretions and saliva.

A small percentage of people who contract hepatitis B infections become chronic carriers. This means that they may feel healthy but still have the hepatitis B virus in their system and are able to pass the virus on to other people. Some people carry this virus for many years and never know they have it. Infants or young children contracting this disease are unlikely to have symptoms. They are, however, at higher risk than adults of becoming chronic carriers.

There is a vaccine that protects against hepatitis B. This vaccine is not provided through public funding for child care providers, but may be covered under many drug plans

- Since 1997, grade 7 students, in Ontario, have had the opportunity to receive Hepatitis B vaccine in school. Anyone born after 1978 can check with Public Health if they are unsure if they received this vaccine in school.

Transmission

Hepatitis B spreads by direct contact with blood or body fluids containing the virus. The virus spreads:

- Through sexual contact with someone who is infected
- Through direct contact with infected blood (i.e., sharing needles for drug use)
- From an infected pregnant woman to her unborn child

Risk to caregivers

Reports of infection as a result of exposure in child care settings are rare. The risk of spread of hepatitis B is very low. Hepatitis B virus is not spread through contact such as hugging, sneezing, coughing, or by sharing food, water, dishes or knives or forks. Because all blood donors are tested for hepatitis B in Canada, transfusion of blood or blood products rarely causes infection with hepatitis B virus.

Hepatitis C

Hepatitis C is a virus that causes infection of the liver. The virus is found in the blood of people with hepatitis C.

Some people have a mild, short-lived illness and recover completely. In others, the virus persists in the liver and can be spread to others. These people are chronic hepatitis C carriers. Chronic carriers carry the virus in their blood and body fluids for the rest of their lives. Usually hepatitis C carriers look and feel healthy, although some may develop liver cirrhosis (scarring) or liver cancer years later.

There is no vaccine to prevent hepatitis C.

Transmission

Hepatitis C is spread by direct contact with blood. It can be passed on through direct blood-to-blood contact such as:

- Sharing needles (intravenous drug use)
- Open cuts and sores
- In the past through blood transfusions (prior to 1991)

Transmission may occur by the following routes but are considered very low risk:

- From mother to newborn
- Through breast milk
- By sexual intercourse

Risk to Caregivers

The risk of spread of hepatitis C is very low. It is not spread by casual contact. The risk in child care settings is limited to blood-to-blood exposure. In all such situations, you should assume that all blood is potentially infectious and use routine practices.

Human immunodeficiency virus (HIV)

HIV infection and acquired immune deficiency syndrome (AIDS) are caused by the human immunodeficiency virus (HIV). The virus may ultimately destroy the immune system and leave the person vulnerable to life threatening infections and some types of cancer. Older children may have been infected from a blood transfusion with contaminated blood. This is now very uncommon as all blood is tested for the presence of HIV. Children may also be infected from birth.

To diagnose for HIV, blood is tested for the presence of antibodies produced to combat the disease. In most people (99%), antibodies of the human immunodeficiency virus (HIV) appear within 12 weeks after infection.

The time from when a person becomes infected with HIV until AIDS develops may be many years. Individuals who have the infection will often not have any symptoms and may appear healthy.

Transmission

HIV disease is not very infectious or contagious. The virus does not spread from everyday contact in the home or child care setting.

The virus spreads:

- Through sexual contact with someone who is infected
- Through direct contact with blood, including blood transfusions and other blood products (although this is highly unlikely because all blood is now tested in Canada)
- Sharing needles for drug use
- From the infected pregnant woman to her child before or during birth
- Through breastfeeding

Risk to caregivers

Transmission from child-to-child, child-to-adult, or adult-to-child (excluding mother to newborn infant) has not been known to occur in child care centres or homes.

Child care providers often ask about biting and the risk of transmission:

“There have been rare reports of transmission of HIV by severe bites by adults in which considerable blood exchange occurred. Infectivity of saliva itself is low because saliva is inhibitory to HIV. Rare instances of possible transmission of HIV by bites between children in households have been reported, but no bites were actually observed; other potential routes of blood exposure may have been involved. Thus, transmission of HIV through biting incidents in the child care setting is extremely unlikely.” Refer to the [Canadian Pediatric Society: A bite in the playroom: Managing human bites in child care settings](#).

Human biting

In the child care setting, a child biting an individual (such as a child or teacher) is not uncommon, particularly with very young children. Bites are often mild, the outcome being no injury or risk of infection. However, with more severe bites, such as those involving a break in the skin and subsequent bleeding there is a small theoretical risk that blood borne infections such as hepatitis B could be transmitted both for the biter (blood from child bitten to mouth of biter) and child bitten (saliva/blood from biter’s mouth to blood stream of child bitten).

In the event of a bite, follow these procedures:

1. Assess the bite

- Is the skin broken?
- Is there any bleeding?
- Are either of the children a known carrier of any blood-borne diseases?

2. Provide first aid

- Wash the area with soap and water and rinse thoroughly.
- Apply a skin antiseptic to the area (but not to areas such as lips or eyes).
- Apply a sterile covering appropriate for the area bitten.

3. Advise the parents regarding the recommended course of action

- If the skin is broken, the children should be referred to the family physician.
- If the skin is not broken, medical attention is not needed but the parent should observe the area for any sign of infection such as redness, swelling or pain.
- The child’s tetanus immunization should be reviewed and updated if necessary.

4. Document the incident in the child's health record

- Describe the incident.
- Note the location and severity of the bite.
- Identify the first aid treatment given.
- Note any follow-up activities related to the incident.

It is not necessary to notify Public Health of human biting incidents.

Handling of sharps

In child care settings the risk for human immunodeficiency virus (HIV) or hepatitis B (HBV) infection is very low. However, in certain situations there may be contact with blood or other potentially infectious body fluids. This could be a needle stick injury or fluid contact with broken skin or the mucous membranes of the eyes, nose and mouth.

Diabetic syringes and lancets must be disposed of in approved biohazard containers. These are available at designated pharmacies.

The following guidelines are adapted for use in child care settings. They are for normally healthy children in child care settings. Children with special medical needs may require additional precautions. For further information contact the child's family physician or Public Health.

Routine blood and body fluid practices

Routine blood and body fluid practices are measures intended to protect you from such exposure. Contact with blood, semen and vaginal fluids and any other body fluids containing visible blood should be avoided. The risk of HIV or HBV infection from other body substances (such as tears or feces) is extremely low or non-existent.

Routine practices include:

- Assessing for a risk of exposure to an infectious substance (like blood).
- Using appropriate hand hygiene, such as hand washing or use of alcohol base hand-rub, before and after care.
- Using appropriate personal protective equipment such as gloves, gowns, masks.
- Controlling the environment which includes, but is not limited to, proper cleaning and ensuring appropriate disposal is available.
- Ensuring appropriate policies are in place.

What is a "sharp"?

Any object that could break, cut or puncture the skin is a "sharp".

Examples are needles, blades, knives or broken glass. Used needles, lancets or an object that has caused a puncture of a person's skin must be considered contaminated and handled with caution.

If an object has not been used it is not a risk to transmit infections. However, if it is not known if the object has been used or not, consider it a risk. Regardless of whether the sharp has been used or not, practice safe handling when working with or cleaning up sharp objects.

Why is correct handling of a "sharp" important?

Any "sharp" may carry infectious materials (germs) on or in it. These germs can pass to a person if the sharp pierces the skin.

How to handle sharps:

Syringes/needles

Syringes/needles used by a family member or child in a day care setting (e.g., diabetes supplies) must be disposed of promptly and properly.

Use an unbreakable, puncture proof container that has lids (see pharmacist/medical supplier for information on commercial biohazardous waste containers). Filled containers can be disposed:

- At the nearest Hazardous Waste Disposal Site
- At your local pharmacy (call ahead, not all pharmacies will accept full sharps containers).
- To any needle syringe program location in your area.

If the container is solely for the use of a single child in your centre, you can arrange for the parents of that child to dispose of a full container by whatever means they would dispose of their other containers.

Regional bylaw prohibits the disposal of needles in the regular trash.

Unknown sharps

An example of an unknown sharp may include, a needle found discarded in playground.

Do not pick up the unknown sharp with hands. Gloves will not provide protection from punctures but should be worn to protect against fluid exposure. Use tongs, tweezers or pliers to pick up the needle by its plastic end. Place needles in tamper resistant sharps containers or a puncture proof container.

Filled containers can be disposed:

- At the nearest Hazardous Waste Disposal Site

- For more information on any needle syringe program locations in the Region of Waterloo contact 519-575-4400

Factsheets and resources

1. [Information for Parents/Guardians- Gastrointestinal Outbreaks factsheet](#)
2. [Surface Disinfection with Chlorine \(Bleach\) chart](#)
3. [Hand washing: How to Wash Your Hands poster](#)
4. [How to use Alcohol Based Hand Rub poster](#)
5. [Diapering and Potty Use/Toileting Procedure](#)
6. [Sensory Play factsheet](#)
7. [Recommendations for the Management of Animals in Child Care Settings, 2018](#)
8. [Animal Exhibit Safety factsheet](#)
9. [Animal Bite/Contact Reporting Form](#)
10. [Canadian Pediatric Society: A bite in the playroom: Managing human bites in child care settings](#)