

Health

The Home Child Care Program takes direction from the Region of Waterloo Public Health unit to help support children's overall well-being.

To protect the health of children in care the following regulations from the Child Care Early Years Act must be followed:

- All Caregivers must complete a pre-employment health form which includes a review of immunizations. All residents of the home must complete a medical information form as recommended by the local medical officer of health.
- The caregiver may need to have a TB skin test done before a contract is signed. If the results are negative, no further follow up is required. In the case of a positive TB skin test, proof of a negative chest X-ray is required.
- All caregivers are required to have a tetanus/diphtheria booster every ten years.
- Children must be immunized as required **prior** to starting care.
 - Each child must have a medical history completed by their parents.
 - Immunizations need to be up to date for all other children in the home (caregiver's own children and private children).
 - Immunization records are only needed for children not attending school.
 - Any exemption from immunizations must be based on the parent's religion or conscience or a medical reason as set by a doctor.
 - A statement of conscience or religious belief or medical reasons must be submitted to the office.
 - Proper attention and care of a sick child, including awareness of contagious illness, are essential in order to prevent the spread to other children.
- Caregivers must observe each child when they arrive to look for any signs of illness before admitting the child into care.
- A child who appears to be ill must be separated from other children and their symptoms noted in the caregiver log book. Caregivers will call their consultant to advise and have the parent pick up as soon as possible.
- When a child is injured, an Incident Report describing the injury and any first aid provided must be given to the child's parent to sign. You need to notify your Consultant and submit the report to them within 24hrs of the incident.

- If you suspect or learn a child has an illness which is communicable and reportable, your consultant and Public Health should be notified. To notify Public Health please call 519-883-2007.
- Caregivers must ensure that all persons residing in the caregiver's residence or who visit the caregiver's residence are free of communicable diseases as defined in the Health Protection and Promotion Act, R.S.O., 1990, C.H.7, as amended.

Some examples of the communicable disease include

- HIV
- Hepatitis A, B and C
- Measles
- Salmonella

For general questions regarding children's health please call the *Healthy Children Info Line* at 519-883-2245.



To keep children and staff safe, Public Health recommends the following:

Children with the following symptoms should stay home until you do not have a fever and your symptoms have been improving for at least 24 hours unless the symptoms are related to a known cause or condition.

- Fever/Chills
- Cough
- Shortness of breath
- Decrease or loss of taste or smell
- Muscle aches or joint pain
- Extreme tiredness
- Sore throat
- Runny or stuffy/congested nose
- Headache
- Abdominal Pain
- Pink eye
- Decreased or no appetite

Children with the following symptoms should stay home until you do not have a fever and your symptoms have been improving for at least 48 hours unless the symptoms are related to a known cause or condition.

- Nausea
- Vomiting
- Diarrhea (2 or more liquid stools or a change in normal pattern of bowel movement)

Why is Disease Control so Important for Children and Caregivers?

Infants and toddlers are more susceptible to infections than older children and adults. Younger children have immune systems which are not fully developed.

Certain physical features of young children also make them more prone to some infections. For example ear infections are most common in children 10 to 18 months of age due to the size and shape of their immature ear canal.

The occurrence of meningitis due to different bacterial organisms is highest during the first three years of life, with the highest number of cases occurring in the first three to twelve months of life due to the child's immature immune system.

Spread of Infection in Child Care Settings

Germs are readily spread among children and caregivers in child care settings for a variety of reasons. Coughing and sneezing at close range is common, along with the sharing of toys.

Everything goes into a toddler's mouth. Some researchers have noted that toddlers were found to put a hand or object in their mouth every three minutes!

Other studies have found that contamination of toys with faecal bacteria is frequent due to the differing abilities of young children to correctly wash their hands. Viruses that cause respiratory and diarrhea illnesses may remain infective on nonporous surfaces such as toys for hours to days at a time.



Spread of Infection from the Child Care Settings to the Family and Community

The child care setting provides a route for the import and export of various infections to and from the homes of the children and caregivers. An infection acquired in the child care setting may cause disease that is mild or unapparent in the child but may cause severe disease in adults (e.g. Hepatitis A is a mild or unapparent infection in children but is often a prolonged and severe illness in adults). Other mild infections in children may have severe consequences for caregivers or parents who are pregnant (e.g. Rubella - German Measles).

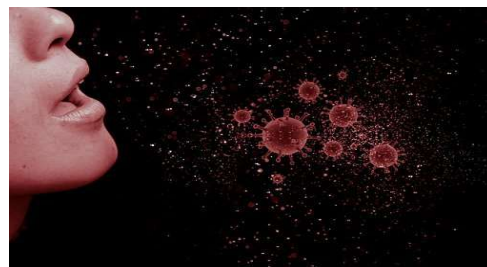
How are Diseases Spread?

Germ are passed between children and/or caregivers in a variety of ways including:

- through the air (e.g. coughing or sneezing)
- through direct contact with body substances from an infected child or caregiver
- through contact with objects that are contaminated with germs (e.g. soiled tissues, diapers, toys etc.)

- through ingestion of food or drink that has been contaminated with germs due to spoilage or improper food handling practices

Infections will vary in how easy they are to "catch". A disease like chickenpox can easily sweep through a child care setting because it is mainly spread through the air. A disease such as impetigo may spread to a much smaller number of children since it is passed through direct contact with the infected child.



Expectations of the Caregiver

1. Toys are cleaned frequently:
 - Toys that a child puts in their mouth is sanitized before allowing other children to use – infant and toddler toys are sanitized daily
 - Preschool toys are sanitized weekly
 - Equipment is sanitized daily (tables, chairs, floors etc.)
2. Caregivers observing children upon arrival and discussing if there are any health concerns before the parent leaves as well as recording any health concerns in the log book.
3. Caregivers are washing their hands before and after:
 - handling food
 - toileting children
 - wiping a runny nose
 - serving children snacks or a meal

Daily Observation of Children and Communication with Parents

Daily observations of children for changes in behaviour or appearance and specific signs of illness are important. Communication with parents is also essential. Caregivers can alert parents to the importance of keeping caregivers informed about any illness a child may have.

Proper Attention and Care of the Sick Child in Home Child Care

Children who are sick generally rest better at home. The stimulating atmosphere of a caregiver's home can be tiring for them.

You may decide to care for a child who is moderately ill. This may include a child with a headache, mild cold, a child recuperating from surgery, a child who is teething etc.

Seriously ill children should not be cared for with other children. If a child in your care is absent with a communicable disease, please inform your consultant.

When a child in your home is sick, please contact the parent. The parent will need to take the child home. Isolate the sick child from the other children. Notify your consultant to let them know that you have sent a child home.

When you send a child home sick you need to document that in your log book.

If caregivers refuse to care for a child for a period longer than Public Health's recommendations for exclusion guidelines or for symptoms not included in the recommendations, it is their right to make the choice for their home and business but they are not able to bill sick and would bill as nonpaid.

If a child is absent from your home for more than 3 days, contact your consultant to advise. Contact your consultant when you or your own children are ill. Alternate care arrangements for the children in your home may need to be made.

Children should be exposed to fresh air and sunlight daily, whether playing or resting outside. A program of outdoor activities is essential to promoting good health.



Temperature Taking

The purpose of taking a child's temperature is to determine if the child has a fever and is ill but don't rely on temperature readings alone. Observing a child's actions and behaviour will give more information on how the child is feeling than the height of the reading on the thermometer.

Babies can have a high temperature reading with a minor insignificant illness or with some serious illnesses they may have no fever or even a subnormal reading.

Body temperature varies according to how active the child is and the time of day. Temperatures tend to be lower in the morning because of the lack of activity. Usually by late afternoon, after a day of activity, a child's temperature will be highest.

A child who feels warm and appears flushed does not necessarily have a fever. Check to see what activities the child has been involved with (i.e. running around prior to your observation).

The warmth of the physical surroundings could also affect how the child appears. Any child who indicates they feel ill needs attention even when the illness turns out to be caused by the stress of being left at the child care setting and not physical or infection related.

The average normal body temperature by the axillary's method (under the armpit) is 36.4C or 97.5F.

A fever is defined as an axilla temperature of 38°C or 100.4°F or higher.

If a child has a fever their parents should be notified and they should be sent home. Don't forget to notify your consultant if you're sending an ill child home.

Administration of Medication to a Child in Home Child Care

As a Home Child Care Caregiver you can make a choice as to whether or not you will give medicine to the children in your care. All medication must be stored in the appropriate place (refrigerator or shelf) and be inaccessible to children at all times. If you do choose to help the parent by giving the child medication you must follow the steps that are listed below:

1. Medication Form

The child's parent must complete and sign the Medication Form (see Record Keeping section) with the correct instructions for you. If a parent brings medication to care, the caregiver will give the parent a copy of the Medication Form to complete before leaving the medication.

2. Administer only medication prescribed for the child in your care

Prescription Medication must be clearly labelled with the child's name, name of the drug or medication, the dosage and instructions for storage and administration.

Caregivers should not administer prescription drugs that have expired or were originally prescribed for another child.

Caregivers can only give non-prescription medication to a child that has been supplied by the parent WITH a medication form signed (Tylenol, cough syrup etc.)

3. When the parent asks you to give medicine to their child, they must give you the medication directly

Any medication must be given to you directly and not left in a diaper bag or backpack.

4. Non-Prescription Medication

Non-prescription medication (like Tylenol, Tempra, cough syrup, creams, sunscreen etc.) must be in the original container or package and must be clearly labelled with the child's name, the name of the medication, the dosage and instructions for storage. The dosage instructions completed by the parent on the medication form cannot exceed original dosage instructions without a doctor's note.

5. Inhalers and EpiPens

A school-aged child may be permitted to carry their own asthma medication or emergency allergy medication (EpiPen) as long as it is clearly labelled (as described in point #2 above). The Medication Forms must be completed stating the child will self-administer as needed. For younger children, these medications must be inaccessible but close by if needing to administer. If outside or going on outings, a caregiver must bring all life saving medication with them.

Below is a copy of the first page of the Administration of Prescribed and Non-Prescribed Medication form.



Administration of Prescribed and Non-Prescribed Medication



Child's Name: _____

Date of Birth: _____ Sex: Male Female

Home Child Care Caregiver: _____

Dispensing Pharmacist (If Applicable): _____ Phone: _____

I authorize the administration of the following prescription/non-prescription medication(s) by the home child care caregiver, and am providing the above medication **in its original container and labelled with my child's name and the correct dosage.**

Name of Medication: _____

Start Date: _____ **Stop Date:** _____

Expiry Date: _____

Dosage: _____

Schedule: _____

Instructions for Storage: _____

Dosage and schedule of administration must match the label.

Medication must be stored in a location that is inaccessible to children.
I understand only the primary caregiver will administer the medication.
I understand and accept that if questions arise about giving/applying the medication, the caregiver may contact the dispensing pharmacy to clarify the issue.
I understand and accept that if problems arise with the giving/applying of the medication the caregiver will stop giving/applying the medication and will notify me and the Home Child Care consultant. I understand that a caregiver may choose not to administer any medications.

Please Remember

- Caregivers may not administer any medication unless the Medication Form is signed and completed.
- When the medication form is completed, the form is to be sent to the Home Child Care office.
- The caregiver is the only person who may administer medication to a child (unless a school-aged child has permission stated on the medication form to self-administer).

Head Lice

Head lice are tiny insects that feed on blood from the human scalp. An infestation of head lice most often affects children and usually results from the direct transfer of lice from the hair of one person to the hair of another. Be aware that contracting head lice has nothing to do with the cleanliness of your child or cleanliness in the home.

How Do Children Get Head lice?

This condition spreads easily from person to person through head to head contact. Lice rarely survive off of a human head for longer than 48 hours. The lice may travel from person to person on combs, brushes, hats, pillows, stuffed toys etc.

What Do Head lice Look Like?

Adult head lice are tiny brown insects about 2mm (1/16 inch) in length. They do not jump or fly, but cling to human hair. It is usually much easier to see the eggs or "nits" as they are called which the adult lice lay on the hair.



The eggs are tiny pearl-coloured, oval-shaped specks resembling dandruff. They are glued securely to the hair, about 2 - 10 mm (1/16 - 1/2 inch) from the scalp. Dandruff will "flick" off the hair quite easily, whereas these "nits" cannot be removed from the hair shaft, except with some effort. The eggs are usually found in the fine hair behind the ears, above the forehead, and at the back of the neck. Head lice tend to make the head quite itchy, and any scratching should be checked.

What Do I Do?

Co-operation is essential. Alert the parents and the families in care when you find a child infested. This will help to control the spread to other adults and children. Children with head lice should be treated and then attend school or child care as usual.

Instruct parents to:

- Buy a special lice treatment at your drugstore, follow directions on label exactly and carefully.
- Use only on person(s) who definitely have eggs or lice in their hair.
- Continue to check daily and pull out nits as they are found (dead or alive) after the treating
- If you see evidence of live lice in 7 - 10 days, the treatment must be performed again.

Other Actions to Take

- Soak and wash all combs and brushes with some of the product.
- Wash all bed linen, towels, clothing, hats, etc. that the affected person is using (use hot soapy water and a hot rinse).
- Articles that cannot be washed should be dry cleaned or sealed in plastic bag for 2 weeks or put in a hot dryer for 20 minutes, as appropriate.
- Vacuuming of objects such as carpets, mattresses, upholstered furniture etc. is strongly recommended.

Note: It is strongly recommended that all eggs be removed after treatment as no treatment has been found to be 100% effective in killing the eggs

Can a person get head lice more than once?

Unfortunately, there is no guarantee that a person will not get head lice again. Your knowledge and understanding is the best defence.

Now that you know what to do, check children's head weekly.



Seizures

Seizures are caused by a sudden surge of electrical activity in the brain. A seizure usually affects how a person looks or acts for a short time. Someone having a seizure might collapse, shake uncontrollably, or even just stare into space. All of these are brief disturbances in brain function, often with a loss of or change in consciousness.

Seizures can be frightening, but most last only a few minutes, stop on their own, and are not life threatening.

What to do if a child has a seizure

1. Follow the Individual Medical Plan. This may include calling **911 for an ambulance** right away or if the child has recurrent seizures to call 911 if the seizure last more than 5 minutes. If possible have another person call for the ambulance while you stay with the child and make them comfortable.
2. Call the parent/guardian to inform them of the situation and that an ambulance has been called.
3. Call your consultant or the Home Child Care Office to advise.

Procedure:

1. If you see the beginning of a seizure try to prevent a dangerous fall by moving the child to the floor or a padded surface. Remove any hard or dangerous objects that the child may bump into and injure himself/herself more. If possible, put a cushion, rolled up towel, or something soft under the head.
2. Do not try to hold the child still or move the child unless he/she is in danger of hurting him self by banging his/her head against an object. It is impossible to stop or shorten a seizure, let it run its course.
3. Keep all objects out of the child's mouth. It is anatomically impossible for him to swallow his tongue. It is common for a person having a seizure to drool or froth at the mouth. Biting the tongue also happens and may make the froth slightly bloody.
4. Turn the child to his/her side so that he/she does not inhale mucus or blood. A person having a seizure may hold his breath for what seems like a very long

time, so long that they can turn bluish in colour, it is unusual that the child does not start breathing on their own again.

5. Loosen all tight clothing. Stay with the child and observe how the seizure affects the body parts. Look at a watch if possible to get an idea of how long the seizure lasted. Sometimes a person will vomit just before a seizure, or wet or soil himself during the seizure. When the seizure is over, reassure the child and make him comfortable.
6. The jerking movement part of the seizure should not last more than 10 minutes. It sometimes takes longer for the child to become fully conscious and aware. During the recovery time, this child may act confused, spaced out, irritable, drowsy or sleepy. Allow him to sleep if he wants to. You can gently rouse the child now and again to check consciousness as you await the ambulance.

Exceptional Circumstances

It is important to clarify with the parent and EMS any information of the seizure disorder the child experienced. This information will be used to determine what kind of seizure as well as next steps for the medical team working with the family.

A medical form for Seizure Protocol will be completed by your consultant and the family for the caregiver to have in case the child has another seizure while in care.

Severe Allergies & Anaphylaxis

At enrolment, parents will be asked to complete a “Child Intake Package” to outline any health conditions and concerns for their child. In the event that a parent identifies an intolerance, sensitivity, allergy or severe anaphylactic reaction to a substance, that requires an Epinephrine Auto-Injector, they will be asked to complete an “*Anaphylaxis Emergency Plan.*”

The Anaphylaxis Emergency Plan is used to provide detailed information on specific allergens and typical reactions from the child.

Anaphylaxis is a serious allergic reaction and can be life-threatening. The allergy may be related to food, insect stings, medicine, latex etc.

The Anaphylaxis policy is intended to help support the needs of a child with a severe allergy and provide information on anaphylaxis and awareness to parents, home child caregivers, Home Child Care Consultants, students, volunteers, and persons who regularly reside at the private-home location.

This provision aligns with [Sabrina's Law](#), a 2005 legislation which came into effect on January 1, 2006, requiring all district school boards and school authorities in Ontario to develop an anaphylactic policy.

In cases of severe allergic reaction to a substance, every effort will be made to eliminate it from the Child Care home.

The use of warning signs for visitors, action plans identifying the allergen, and removal of specific products from use in the home are all strategies that would be implemented.

All Home Child Care Caregivers are informed of the situation and guidance provided by the parent/physician on the best formats for elimination.

Plan of Action/Communication

An Anaphylaxis Emergency Plan is created for any child enrolled in Home Child Care who is identified as having a severe allergic reaction that requires an Epinephrine Auto-Injector. A copy of the Anaphylaxis Emergency Plan is posted in the caregiver's home and in the child's file.

All Home Child Care Caregivers are required to read the Anaphylaxis Emergency Plan including temporary Home Child Care Caregivers who may be providing care from time to time.

The parent reviews and approves the Anaphylaxis Emergency Plan which is initialed by the Home Child Care Consultant, the caregiver and the parent. The Anaphylaxis Emergency Plan should be reviewed annually.

911 must be called for an ambulance if an epipen is administered

Storage of Epinephrine Auto-Injector (EpiPen/Twinject)

Epinephrine Auto-Injectors will be stored in an inaccessible location in the Home Child Care caregiver's home to ensure quick access when and if needed.


Epinephrine Auto-Injectors along with instructions for administration will be stored in a pouch which is affixed to the medication. An Epinephrine Auto-Injectors should be kept in the Home Child Care caregiver's home anytime the child is in attendance.

Administration of Epinephrine Auto-Injectors (EpiPen/Twinject)


Training and administration instructions for use of the Epinephrine Auto-Injectors will be provided through the parent or physician. Epinephrine Auto-Injectors must be checked regularly for expiry dates.



Below is a copy of the Individual Anaphylaxis Plan Form.



Individual Anaphylaxis Plan Form



Individual Anaphylaxis Plan:

This person has a potentially life threatening allergy (anaphylaxis) to:

Photo
(Recommended)

(Check the appropriate boxes.)

<input type="checkbox"/> Peanut	<input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>
<input type="checkbox"/> Tree nuts	<input type="checkbox"/> Insect stings
<input type="checkbox"/> Egg	<input type="checkbox"/> Latex
<input type="checkbox"/> Milk	<input type="checkbox"/> Medication (s), please list below:

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a **“may contain”** warning.

- All foods brought from home must be labelled with the child’s name
- Children with food allergies cannot share food with other children
- Caregivers must share food allergies with other parents using their program, without disclosing the name of the child with an allergy.

Please describe any other special dietary instructions:

Epinephrine Auto-Injector

Expiry Date:

Dosage: EpiPen® Jr 0.15 mg EpiPen® 0.30 mg
 Twinject™ 0.15 mg Twinject™ 0.30 mg

Location of Auto-Injector(s):

Instructions for Carrying on Outings (e.g. walks, field trips):

Self-Administration - Child can administer their medication and carry the medication to and from school.

Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have any of these signs and symptoms:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache

Early recognition of symptoms and immediate treatment could save a person's life. Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen® or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes **or sooner**. If the reaction continues or worsens. (See instructions below.)
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Child is to be transported by ambulance to the nearest hospital**, even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back.
4. **Call contact parent/guardian or person** on emergency contact form to inform them of the situation and where the child is being transported to.
5. **Contact Home Child Care immediately**, if after 4:30 pm contact Community Services Emergency # 519-575-4400.
6. Parent has provided training and administration instructions to the caregiver and child (if applicable) for the use of the **epinephrine auto-injector**.

This Individualized Anaphylaxis Plan was completed by the child's HCC Consultant in consultation with the child's parent/guardian and Home Child Care Provider.

Consultant Name:

Caregiver Name:

Other professionals consulted on the development of this plan:

It is the Caregiver's responsibility to review the contents of this plan with other adults in the home.

I certify that the information that I have provided in this document is true to the best of my knowledge and that I agree to the terms and conditions contained in this document.

Parent/Guardian:

Parent/Guardian:

Date:

Intolerances/Sensitivities & Prevention

In cases where the parent/guardian identifies mild allergies or intolerances every effort will be made to reduce exposure to allergens.

Parents will discuss Special diets and food requirements in consultation with the parent and the Home Child Care caregiver. Parents may be asked to supply foods that are not normally served in the home.

As a general precaution, Home Child Care Caregivers are discouraged from wearing strong scents and perfumes. Environmentally friendly and non-toxic products are used whenever possible for cleaning and disinfecting.

In cases where children have asthmatic conditions that require use of an inhaler or other medication parents complete an *Administration of Prescribed and Non Prescribed Medication form* and the medication is stored in an inaccessible container in the Home Child Care caregiver's home.

Smoke-Free Ontario Act

As of May 31, 2006 the Ministry introduced the *Smoke Free Ontario Act*. The intent of the act is to protect the 80% of Ontarians who do not smoke, especially children.

Research now shows that there is no safe level of exposure to second-hand tobacco smoke. We know that second-hand smoke causes cancer, asthma, and many other health problems. We also now know that dangerous chemicals are still present even when you can no longer smell smoke in a room, and long after a cigarette is put out.

Over time, these toxins are emitted back into the air through “off gassing”. Children in these environments inhale and consume the off-gassed toxins.

As per Legislative Reference - *Smoke-Free Ontario Act* 9(1)(2)(3) smoking and/or holding lighted tobacco is prohibited in Home Child Care whether children are present or not – this also includes vaping.



The Caregiver is to ensure:

- Parents are aware that smoking and vaping are prohibited
- No smoking signs are posted in the entrance/exit of the homes
- Ashtrays are removed from the outside of the house/porch/entranceway
- Family members and visitors do not smoke or vape on the premises
- No person is observed vaping, smoking or handling a cigarette in the home child care location including the backyard if children play in the backyard, whether or not children are present, and in the garage, front yard and driveway when children are present.



As per the Ministry’s Home Child Care Policy and Procedure:

“The intent of this Act is to help protect the health of all Ontarians by prohibiting smoking in all enclosed workplaces and enclosed public places. Under the Act, smoking is prohibited at all times in licensed day nurseries and private-home day care locations whether or not children are present in the home. The requirement that private-home day care locations be smoke free whether children are present or not is a new requirement, which came into force on May 31, 2006.”

“Enforcement of the Smoke-Free Ontario Act is the responsibility of tobacco control inspectors from local public health units. Local public health units will carry out inspections and investigate complaints in licensed day nurseries and private-home day care in order to enforce the Act. Subsection 13(3) of the Act states that the prohibition against smoking in day nurseries and private-home day care homes does not prohibit smoking or holding lighted tobacco for traditional Aboriginal cultural or spiritual purposes.” (Ministry’s Private Home Day Care Policy and Procedure)

Additional Information About Cannabis

Cannabis plants and edibles should be treated like any other **hazardous product** in the home (i.e. medications, cleaning products, etc.) and be kept away from children to avoid accidental consumption. **Ensuring all poisonous and hazardous products are inaccessible to children is a requirement of the Ministry of Education in all Home Child Care premises – this is also part of our regular quarterly inspections.** Regarding cultivation, our local Public Health department has concerns about cannabis plants being cultivated indoors as, due to their high moisture content, it could affect the air quality of the home.

In summary our expectations of caregivers are:

- Your premise is in compliance with the Smoke Free Ontario Act (SFOA)
- Cannabis plants are not being cultivated indoors due to concerns about air quality and accessibility to children
- Any Cannabis plant or product is inaccessible to children at all times
- As Per item 7 in Schedule A of your contract, continue to ensure that:

7. The use of drugs or the consumption of alcohol is not permitted by the Caregiver or any other person during child care times or within six (6) hours beforehand.

Should you have any questions or concerns, please speak with your Home Child Care Consultant.

For more information on cannabis and the SFOA, please see the ROWPHE cannabis website at:

<https://www.regionofwaterloo.ca/en/health-and-wellness/cannabis.aspx>

Blood Borne Infections

In recent years there has been increased concern about blood borne diseases, particularly Hepatitis B 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, HIV or other blood borne infections may unknowingly be infected and can appear to be 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, but are at higher risk than adults of becoming chronic carriers.

There is a vaccine available that protects against Hepatitis B. This vaccine is not a routine part of early childhood immunization but can be obtained from a physician. The vaccine is generally purchased at a cost to the person requesting the vaccine. (For more information, please contact your family physician).

Transmission

Hepatitis B is spread by direct contact with blood or body fluids containing the virus. The main ways the virus is spread are:

- 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 result of exposure in child care settings have been rare. The risk of spread of Hepatitis B is very low. Hepatitis B virus is not spread through contacts 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.

Human Immunodeficiency Virus (HIV)

HIV infection and 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. Children would most likely be infected from a blood transfusion with contaminated blood, or infected at birth. (This is now very uncommon, as all blood is tested for the presence of HIV).

The diagnosis of HIV infection is made by testing blood for the presence of antibodies produced to combat the disease. In most people (99%), antibodies of the Human Immunodeficiency Virus (HIV) appear within 14 weeks after infection. The time from when a person becomes infected 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 as a result of everyday contact in the home or child care setting. The virus is spread in three ways:

- 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 Ontario) or sharing needles for drug use
- from the infected pregnant woman to her child before or during birth, or 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. Caregivers often ask about biting and the risk of transmission. A limited U.S. study of biting incidents shows no transmission in cases of both unbroken and broken skin.

Prevention

Universal precautions and routine procedures for handling blood or body fluids. These precautions are necessary since some children may be unknowingly infected with a blood borne infection such as Hepatitis B or HIV. It is difficult to tell if someone is carrying these viruses, therefore it is necessary to treat all blood or body fluids as potentially infectious.

In child care settings the risk for Human Immunodeficiency Virus (HIV) or Hepatitis B (HBV) infection is very low. However, in certain situations you may come into contact with blood or other potentially infectious body fluids. This can occur through a needle-stick injury or when these fluids come into contact with broken skin or the mucous membranes of the eyes, nose, and mouth.

The following guidelines are for normally healthy children in child care settings. Children with special medical needs may require additional precautions. For further information contact the family physician or Community Health Department.

These guidelines were adapted for use in child care settings. Universal precautions apply to protection from body fluids such as blood, semen and vaginal fluids. In child care settings the body fluid most commonly encountered where universal precautions need to be applied is blood.

Universal Blood and Body Fluid Precautions 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.

Exclusion Guidelines for Communicable Diseases

If you are unsure if a child is well enough to be in care, please contact your Home Child Care Consultant to discuss the child's symptoms. We follow direction provided by the [Canadian Paediatric Society via Caring for Kids](#) as well as guidance provided from the Ministry of Education and Waterloo Regional Public Health on exclusion guidelines for children in child care.

Five Steps of Universal Precautions

1. Education
2. Hand Washing
3. Wearing Gloves
4. Cleaning Contaminated Surfaces
5. Disposal of Contaminated Articles

Education

Know how to implement Universal Precautions in your child care setting:

- identify situations in which you may be at risk
- educate yourself and others
- follow the principles of Universal Precautions Health

Hand Washing

Hand washing is your best defence against any infection, including HBV and HIV.

Wash your hands thoroughly before and after exposure to blood or body fluids containing blood and following the removal of gloves.

Wearing Gloves

Protective barriers reduce your risk of exposure to potentially infectious material on broken skin or mucous membranes. Always wear a protective barrier when there will be contact with blood, or fluids with visible blood.

Wear latex or vinyl gloves for all contact with blood and body fluids with visible blood and for wiping up contaminated surfaces. Do not reuse or wash.

Wash hands thoroughly following the removal of gloves.

First Aid

All children with weeping sores should have the areas covered with a dressing. If care givers must handle the dressing or provide care for a child bleeding from an injury/nosebleed, etc. they should wear disposable gloves and wash their hands after removing and disposing of the gloves.



First Aid Tips

Playgrounds are a major site of injuries in child care centres and homes. Caregivers may want to carry gloves and first aid items in pouches around the waist or keep handy in areas where children play in and outdoors.

Cleaning Contaminated Surfaces

- Immediately wipe up spills of potentially infected material with disposable paper towels.
- Wash area with hot water and a household cleaner, then rinse well.
- Apply a freshly made solution of household bleach (1 part household bleach to 9 parts water) to the area.
- Let the solution sit for 10 minutes, then rinse well.



Disposal of Contaminated Articles

Contaminated Waste

Dispose of articles other than clothing soiled with blood or body fluids in plastic bags tied at the top. If the first bag is visibly soiled or leaking, double bag the article before discarding in the trash.

Laundry

Handle blood-stained laundry as little as possible. Place in bags that prevent leakage. Rinse the laundry in cold water using gloves and then machine wash in hot water using regular laundry detergent. Soiled clothing should be sent home with parents.



Sharps

Any object that could break, cut or puncture the skin can be considered a "sharp". Examples are needles, blades, knives, or broken glass. Any "sharp" may carry infectious materials and should be handled with caution.