



# Preventing Illness in Child Care Settings

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BCHealthPlanning

# Preventing Illness in Child Care Settings

For more information please contact your local health authority  
(under the “Blue Pages”) in your phone book.

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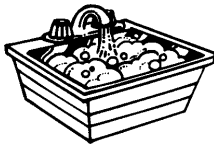
# Introduction

Every child care facility should have a written set of clear policies which will explain to both staff and parents how they deal with children who are ill when they arrive at the facility, or who become ill while in care. These policies will provide a framework for helping both staff and parents make decisions when children are ill.

Each facility staff member should understand the importance of illness prevention in their day to day practices. These practices, such as proper handwashing, diapering, toileting, and food preparation, will limit the spread of bacteria and viruses and will promote a healthy child care environment.

## Purpose

This booklet has been designed to promote health and hygiene in child care settings and to help child care operators develop their own policies for dealing with, and preventing the spread of, illness in child care settings. These policies should take into consideration the issues raised in this booklet, and other special circumstances which may apply at the facility. It is important for all child care staff to read and understand these policies so they can react appropriately when faced with a situation where there is a risk of illness spreading to others in the facility. Parents should be given a copy of the policies regarding the prevention of illness to help them understand their own roles and responsibilities when their child becomes ill. These policies should also be reviewed from time to time to ensure that they continue to meet the specific needs of the particular child care program.



# A: Promoting Health & Hygiene in a Child Care Setting

A child can become ill whether in child care or at home. However, when an illness occurs among a group of children, the situation becomes more complicated. The parent of a child who becomes ill is sure to feel torn between the demands of employment and the lack of alternatives for the child's care during the time he or she is sick. However, the facility must decide what implications a child's illness may have for all parties, including the other children in care, the caregivers, and the other members of the children's families.

## 1. How Common Types of Illness are Spread

The most common illnesses that children acquire can be categorized depending on how they spread:

- **Airborne:** *Respiratory infections* such as colds and flu are responsible for most illnesses, and are spread by coughs or sneezes into the air or by secretions from the mouth or nose. Most colds present themselves as fever, runny nose, coughing and sneezing. Many lead to ear infections or lower respiratory infections. Other diseases which are spread by airborne droplets include chickenpox, hand/foot/ mouth disease, measles, mumps, whooping cough and rubella.
- **Fecal/oral:** *Intestinal infections* which cause diarrhea may be caused by viruses, bacteria or parasites, such as viral enteritis, E coli 0157:H7, Giardia, Cryptosporidiosis, Shigella, Salmonella or Hepatitis A. In these cases, infections are transmitted from person to person directly from the bowel movement to the mouth, usually by way of the hands, by diapering, or indirectly by food or other objects which get into the mouth.
- **Blood/body fluids:** HIV, Hepatitis B and Hepatitis C are transmitted by direct contact between the blood and/or body fluids of an infected person and an uninfected person.

- **Direct Contact:** *Skin infections and infestations* such as impetigo, lice, scabies, ringworm, and herpes simplex are generally transmitted through direct contact. Also, contact with nasal and oral secretions of an infected person can spread infections such as chicken pox, influenza, measles, meningococcal meningitis, mumps, whooping cough, rubella and pink eye.

It is inevitable that children in group care will get ill. They play very intimately, sharing toys and joys with one another. As well, children at younger ages have lower resistance to infection and communicable disease. Children in group care have an increased chance of exposure to these because of the larger numbers of individuals that they are in daily contact with.

But despite this inevitability, there are some measures child care programs can take to minimize the spread of infection and to promote and provide a healthy environment.

## Prevention of Childhood Illnesses

Start by requiring that every child who enrolls in a facility has a current family physician. The name of that physician must be recorded on the facility's records. This is a requirement of Section 17(a)(iv) of the Child Care Licensing Regulation. A sample Registration Form is provided in the Appendix.

## 2. Immunization

It is recommended that all childhood immunizations be current. This information should be recorded by the child's parent/guardian as part of the initial enrollment information (see sample form in Appendix). This information should be updated at least once a year.

Childhood disease which are preventable through immunization include:

- diphtheria
- whooping cough (pertussis)
- measles
- rubella
- meningitis caused by *Haemophilus influenzae* type B
- tetanus
- polio
- mumps

These diseases are easily transmitted among children, so it is important for child care operators to know if the children in their care are immunized. This information must be provided during registration, and parents should be encouraged to keep their child’s immunizations up to date. Parents should also be advised that unimmunized children may be excluded from the program during a period of communicability.

The following is the basic immunization schedule recommended by the British Columbia Ministry of Health and Ministry Responsible for Seniors.

## Basic Immunization Schedule

	2 mo	4 mo	6 mo	12 mo	18 mo	4-6 yrs
Diphtheria	x	x	x		x	x
Acellular pertussis	x	x	x		x	x
Tetanus	x	x	x		x	x
Inactivated polio vaccine	x	x	x		x	x
Measles				x	x	x
Mumps				x	x	x
Rubella				x	x	x
Haemophilus Influenza Type B	x	x	x		x	

### *Immunization of caregivers:*

All adults who work with children should review their own immunization records and childhood illness history, because they too may be exposed to many common illnesses. The Child Care Licensing Regulation section 14(1) outlines the health requirements for facility staff. Staff who are not sure about what immunizations they have received should consult with their individual health care providers.

## 3. Hand Washing

One of the most important factors in communicable disease control is careful hand washing by children and staff. Caregivers should always wash their hands after diapering or toileting a child and before handling food. Children should always wash their hands after using the toilet or handling animals, and before eating. **Written hand washing routines** should be posted above sinks to encourage consistency in hand washing practice.

Hand washing should start with warm water to break down the dirt and oils on your skin. Wash hands well with soap, and then rinse well with warm, running water. Liquid soap, in a pump dispenser, is more sanitary than bar soap. Use paper towels — not cloth towels — to dry hands and then use the same paper towels to shut off the taps. You can save your back by adding a step stool to allow children to reach running water at an adult sized sink. Since frequent hand washing by staff can cause dry, chapped hands, you should provide a soothing hand lotion for staff to use during the day. Disposable hand wipes do not work nearly as well as cleaning and rinsing with soap and warm running water. They can be used in an emergency (on a field trip for instance) but never as a substitute for proper hand washing.

Although establishing hand washing routines with young children can be frustrating, persistence and patience will help children develop hand washing as a habit.

## 4. Diapering

The diaper changing area and anything else that comes in contact with a child's feces or urine should always be cleaned and disinfected with a bleach sanitizing solution after every diaper change. See Sanitizing Solution on page 13 of this booklet.

The diapering area should always be located near a source of warm running water, and have a deep sink, preferably within arm's reach for convenient hand washing with soap. The changing area should always be separate from the food preparation area. The diaper changing area or any other area used for diapering must *never* be used for food service or storage.

The table or counter surface used for diapering children should be a smooth, non-porous material such as Formica, hard plastic, stainless steel or a washable pad covered with smooth vinyl. It should be free of cracks and easily cleaned. Use a disinfectant solution in a spray bottle (see Sanitizing Solution on page 13 of this booklet) and then air-dry the surface. Be sure to label the bottle and store it in a safe place that children cannot reach.



### ***Cloth or disposable diapers?***

Health references now seem to favour the use of reusable cloth diapers coupled with the hiring of a good diaper service. At one time, disposable diapers were being recommended for use by child care programs because they reduced hand and surface contact with feces and urine – and the resulting spread of germs. However, recent changes in the way diaper services manage dirty diapers have changed that recommendation. Cloth diapers do not need rinsing, but should be placed in a plastic bag after the contents have been emptied in the toilet and then stored in a second bag labelled with the child's name.

If two-part reusable diapers (with a waterproof outer lining) are used then both parts of the diaper must be removed at the same time, and both parts must be cleaned and disinfected before re-use. Clothes should be worn over diapers while the child is at the facility.

Disposable diapers no longer have any advantage over the use of cloth diapers, and are less environmentally friendly. In addition, the use of cloth diapers is associated with a big reduction in diaper rash - a significant health advantage. While some experts recommend the use of disposable latex or vinyl gloves when changing diapers, others say they should not be necessary if proper hand washing practices are followed.

If disposable diapers are used, their contents should be emptied in the toilet. A closed garbage container lined with a strong plastic bag and operated with a foot pedal should be located near each changing area. It should be emptied as needed. Soiled clothing should be bagged in the same manner as the cloth diapers. These bags should be kept away from food and the food preparation area until taken home.

With either type of diaper, the basic steps in reducing the spread of illness are the same:

- proper hand washing after diaper changing (written instructions regarding proper hand washing should be posted at the diaper changing area, as this is the single most important method of preventing spread of illness)
- sanitizing of diaper changing surface; after each use, use a squirt bottle of sanitizing solution (see Sanitizing Solution on page 13 of this booklet)

- proper diaper disposal
- minimizing the handling of diaper wastes

Any diarrhea discovered when changing a diaper should be evaluated to determine if the child should be isolated from the other children and/or sent home.

It is a good idea to post specific diaper-changing procedures at the diaper-changing site to remind staff how important it is to follow correct procedures.

## 5. Toileting Area

This area should also be convenient for hand washing. Step stools and toilet adapters that help children use flush toilets are preferred. Potty chairs should be emptied immediately after use. Toilets and potty chairs should be cleaned with a disinfectant solution during nap time and at the end of the day or when obviously soiled with urine or feces. Use a squirt bottle of sanitizing solution (see Sanitizing Solution on page 13 of this booklet).

## 6. Food and Food Preparation

- Always wash your hands *before* handling food and *after* going to the toilet or changing a diaper.
- Perishable foods (e.g. dairy products (including baby bottles), meat, poultry, and eggs) must be refrigerated at or below 4 degrees C (40 degrees F). There should be a thermometer in your refrigerator to monitor the temperature.
- Serve cooked foods immediately, or keep them above 60 degrees C (140 degrees F).
- Thoroughly cook all foods derived from animal sources, particularly poultry, egg and meat dishes.
- Thaw meat in the refrigerator.
- Wash and sanitize all utensils, cutting boards and counters to prevent raw foods from contaminating ready-to-eat foods. Use squirt bottle or cloth dipped in sanitizing solution (see Sanitizing Solution on page 13 of this booklet).

• **Remember - keep hot foods hot and cold foods cold!**

- Food preparation, serving and storage areas must be kept clean, dry and separate from playing, toileting and diapering areas.
- Food contact surfaces (e.g., dishes, cutting boards) must be free of cracks and chips which can harbour germs.
- Food contact surfaces and surfaces of equipment or furniture which come into contact with food from hands (e.g., highchairs, tabletops, small chairs) should be wiped clean and sanitized after each use. Use a sanitizing solution in a spray bottle, and then wipe the surface with a disposable paper towel. This practice really cuts down on the spread of infection.

***Dishwashing by Hand...***

Dishes and utensils that you wash by hand must be washed, rinsed, sanitized, and dried using the “4 step” method:

- 1) WASH in clean hot water and detergent.
- 2) RINSE in clean hot water.
- 3) SANITIZE by submerging dishes in a sanitizing solution (see Sanitizing Solution on page 13 of this booklet), or other sanitizing solution according to manufacturer’s instructions.
- 4) DRY by draining and air drying on a clean, non-absorbent surface.

***Dishwashers...***

If you have a residential, non-commercial type dishwasher, it should meet Canadian Standards Association (CSA) standards and be properly maintained, to ensure dishes are properly sanitized. Do Not set the dishwasher to the “energy-saver” (or air-dry) mode. Residential dishwashers will only sanitize properly if the full dry heat cycle is used.

Where a facility is required to use a commercial dishwasher, all applicable requirements should be followed. Any questions about operating a commercial dishwasher should be referred to an Environmental Health Officer in your local Health Authority.

**Note:** Anyone who handles or serves food, including children, should wash their hands thoroughly with soap and dry them with a disposable paper towel before handling or eating food. Cloth towels harbour and transmit germs.

## **FOODSAFE Program: A Sanitation Program for Food Handlers**

All staff who prepare or handle food should consider taking the province's FOODSAFE Program. This Program was developed as a joint venture by the Ministry of Health, the BC Restaurant and Food Services Association, a tele-college consortium, the Ministry of Advanced Education, Training and Technology, and the Community Health Services Division of the Vancouver Island Health Authority.

The course is offered in two levels: basic and advanced. The basic course provides information on safe food handling practices. The advanced course is directed towards food service managers and others who require advanced food safety management techniques, including how to develop a Hazard Analysis and Critical Control Point (HACCP) program.

These courses are offered through classroom instruction and correspondence courses. Contact an Environmental Health Officer in your local Health Authority for details on course availability in your area.

## **7. Preventing Respiratory Infections**

Some suggestions for preventing respiratory infections are:

- Have plenty of tissues readily available for nose-wiping and put all soiled tissues in covered, plastic lined containers. Do not use a cloth handkerchief.
- Use a different tissue for each child, and wash your hands after nose wiping.
- Teach children and staff to cover their mouths when they cough or sneeze and to wash their hands afterward.
- Encourage daily outdoor activities when weather permits.
- Make sure cots or sleeping mats for daytime naps are spaced at least 24 inches (60 centimetres) apart. Place children alternately, head to foot.
- Cover each cot or mat with a sheet or washable blanket marked with the child's name - this will keep the cots or mats clean and ensure that each child uses the same bed each day. These sheets must be washed weekly, or sooner if soiled.

- Wash and disinfect toys weekly. Plastic toys which children put in their mouths should be washed with soap and water and then sanitized immediately after you have seen this activity by wiping with a cloth dipped in a sanitizing solution.
- Children who have respiratory infections, and infants and toddlers, should not share their toys with other children. In infant care centres, toys should be disinfected on a daily basis.
- Wipe doorknobs, shelves at children's level, crib rails, mats and other small baby furniture, as well as toys, at least once or twice a week. First use soap and water to wipe off the layer of saliva that is usually present on these objects, then follow with a sanitizing solution.
- Clean and disinfect all smooth surfaces where mould is or could be present, using a sanitizing solution. Repair all internal and external leaks promptly and permanently. Moulds, both indoor and outdoor, may cause respiratory infections and allergic reactions. For more information refer to Health File #65b: Indoor Air Quality.

## **8. Special Precautions when Handling Blood and all Body Fluids to Prevent the Spread of Disease Including Hepatitis B, Hepatitis C, and AIDS\***

*\*(from material prepared by the Canadian Child Care Federation, 30 Rosemont Avenue, Suite 100, Ottawa Ontario K1Y 1P4)*

The best way to control the spread of any infection is to practice proper hygiene. Where blood is involved, it is also important to use universal precautions — those measures which have been developed specifically to deal with blood-borne diseases like HIV and hepatitis B. These include:

- Do not get blood on your skin, but if it happens, wash it off immediately with soapy water.
- Cover cuts.
- Use absorbent material to stop bleeding.
- Wear disposable latex or vinyl gloves when there is a lot of blood, or if you are dealing with open cuts. Wash hands immediately with soapy water after removing gloves.

- Immediately clean blood-soiled surfaces. First, mop or wipe up as much as you can with disposable rags or paper towels. Then wash the area with a soapy detergent, rinse, apply sanitizing solution and allow to air dry.
- Machine-wash blood-stained laundry separately in hot, soapy water.
- Place blood-stained materials in sealed plastic bags and discard in a lined, covered garbage container.

***Can a child get HIV in a child care facility?***

HIV (Human Immunodeficiency Virus) is the virus that leads to AIDS (Acquired Immune Deficiency Syndrome). However, this virus (HIV) is a very fragile virus, and is not transmitted through everyday contact.

HIV is **not** transmitted by:

- touching, hugging, or kissing
- sharing food, dishes, drinking glasses, or cutlery
- being coughed, sneezed, or cried on
- sharing toys, even those that have been mouthed
- diapers or toilet seats
- urine, stool (bowel movements), vomit, saliva, mucus, or sweat (as long as they are not tainted by blood).

HIV is transmitted from one person to another by semen, vaginal secretions, breast milk, and by blood or body fluids containing blood. Usually this transmission is a result of unprotected sexual intercourse or by sharing contaminated needles. It can also be transmitted from mother to child during pregnancy or delivery, or by breast feeding.

Simple contact between infected blood and intact (unbroken) skin is not enough to transmit HIV. Three conditions are necessary for the transmission of HIV:

- the blood must be fresh
- there must be a sufficient quantity of blood
- it must have a route of entry into the bloodstream of the uninfected person.

### ***What about biting?***

Biting often concerns parents, but in fact the risk of HIV transmission by biting is extremely low. To risk transmission, a child infected with HIV would have to have fresh blood in his mouth and break the skin of an uninfected child. Likewise, an uninfected biter would only have a theoretical risk of exposure if he broke the skin of a child infected with HIV and drew blood into his mouth. Such events are very unlikely. Nonetheless, if a child is bitten and the skin is punctured, one should consider referring the bitten child to a doctor, as human bites carry a risk of infection from a variety of germs and bacteria, and antibiotics may be recommended.

Parents also worry about accidents and fights, but fresh blood-to-blood contact among children is extremely unusual.

Proper child care plays an important role in the lives of children infected with HIV. Child care gives them the opportunity to play with their peers, and provides mental and physical stimulation, social stability, and the chance to learn new skills. The parents (or guardians) and physician of a child with HIV will decide whether child care is suitable for that specific child, and will monitor the child's progress while in care.

Child care staff will probably not know if one of the children in their care is infected with HIV. Most children with HIV have no symptoms. If no one in the child's family has been diagnosed as HIV-positive, the family would not know their child has the virus.

This issue underlines why it is so important for every child care centre to develop and follow a health care policy. The next section, Section B, will help you develop such a policy.

## 9. Sanitizing Solution (as recommended by the Canadian Paediatric Society)

### *For general housekeeping purposes:*

1 tablespoon of household bleach per 1 gallon of water or 1 teaspoon of household bleach per 1 litre of water. Mix this solution daily, as it loses its potency after 24 hours.

### *Smaller quantity (for squirt or spray bottle):*

1 teaspoon of household bleach in 2 cups water (5 ml bleach in 500 ml water). Mix this solution daily, as it loses its potency after 24 hours.

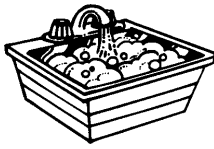
Apply the sanitizing solution to the surface. It should be left on for at least 30 seconds to be effective.

**CAUTION: Keep this solution in a clearly marked sealed container in a locked cupboard, out of children's reach.**

*Clean first, then sanitize:* Ideally, cleaning is always done before sanitizing. For dirty surfaces or large spills, you should first wash the surface with a soapy detergent, then rinse, then apply the sanitizing solution, and finally let the surface air-dry. The bleach solution should be mixed daily, as it loses potency after 24 hours.

*Other sanitizing solutions:* such as Iodine and quaternary ammonia compounds are also available. If you choose to use one of these alternatives, read the manufacturer's instructions carefully to ensure the sanitizing solution is mixed and used correctly.





## B: How to Develop Your Own Child Care Illness Policy

It is very important for every child care centre to develop and follow a health care policy. For everyone's protection this policy should include the use of universal precautions (see Health File #29 Universal Precautions) and proper hygiene. The policy should also include procedures for informing parents about contagious diseases.

### 1. A Written Child Care Policy Should Include:

- A list of serious illnesses, symptoms or conditions that will be grounds for excluding a child from attending a child care centre.
- A requirement that parents provide the facility with information about their child's immunizations, including if their child is *not* immunized, as required by Section 17(a)(1) of the Child Care Licensing Regulation.
- A plan for the temporary care of a child who becomes ill while in care and is waiting for the parent or alternate to collect them from the child care facility (see Care of a Child Who is Ill and Notification of Parents on page 16 of this booklet).
- A procedure for contacting a physician or ambulance if a parent or alternate is not available in emergency situations.
- The criteria that must be met before a child who has been ill can return to the facility. This would likely be when the child is free from symptoms. In the case of certain serious illnesses, the policy may require a doctor's approval before the child can return to the facility.
- A requirement for parents to provide information on the care of a recuperating child when the child returns to the facility. The child should be well enough to take part in the facility's programs and activities, should no longer be infectious and should not have the symptoms listed on page 17 of this booklet.

- A medication administration procedure as required by Section 18 of the Child Care Licensing Regulation, B.C. Reg. 319/89.
- A requirement that a parent must inform the facility within 24 hours of:
  - a) the diagnosis of a serious illness or communicable disease in their child, or
  - b) the exposure of their child to a serious illness or communicable disease in any other member of their family.

The parent should inform the facility about this diagnosis or exposure so they can warn other families about the potential spread of illness or disease. The caregiver should call their local health authority for advice in situations like this.

- A requirement for facility staff to immediately notify the parent of a child who becomes ill while in care, as required by Section 19(1)(a) of the Child Care Licensing Regulation, B.C. Reg. 319/89.
- A requirement for the facility to notify the local Medical Health Officer within 24 hours of it coming to their attention that a child enrolled in the facility has a reportable communicable disease. Appropriate follow-up measures by the health authority will then be taken if necessary (for example, vaccines for other children at the facility). This is a requirement of Section 19(2)(b) of the Child Care Licensing Regulation, B.C. Reg. 319/89.

## **Common reportable diseases (at the time of this printing) include:**

- food borne illness (all causes, eg. Salmonella)
- diphtheria
- giardiasis
- hepatitis A, B and C
- measles
- German measles (rubella)
- bacterial or viral meningitis
- Hemolytic Uremic Syndrome (the E. coli toxin of Haemorrhagic Colitis or hamburger disease)
- meningococcal disease (bacteraemia or meningitis)

- mumps
- pertussis (whooping cough)
- tuberculosis
- sexually transmitted diseases (need to be reported due to abuse issues)
- waterborne illness (all causes)

Caregivers may refer to the Ministry of Health publication “A Quick Guide to Common Childhood Diseases” for descriptions of symptoms and other information about most common childhood illnesses. This booklet is available from local Health Authorities and can also be viewed on the internet, via the Ministry’s home page ([www.healthplanning.gov.bc.ca](http://www.healthplanning.gov.bc.ca)). The Health Files series (also available from local Health Authorities and on the Ministry’s internet site) contains more detailed information about most common diseases.

Once these written policies are in place, they need to be consistently applied to *all* families. If a facility does its part by always notifying parents when a communicable disease is diagnosed among the children, their families or staff, it is more likely to receive similar cooperation and feedback from parents.

The facility must consider not only the health of the individual child, but the health of the other children in care, as well as the caregivers’ health. Children who return to a child care setting while they are still ill present an unsafe situation for others in the facility and may result in the facility having to close until illnesses are gone.

## **2. Care of a Child Who is ill and Notification of Parents**

Be prepared to recognize and care for children who are ill. This is just an everyday part of providing quality child care. Symptoms of illness can appear very rapidly and, even if your exclusion policies are very strict, you may have to care for a child who is ill while waiting for the parents to arrive.

Care for a child who is ill begins first with making the child comfortable. Every child care facility needs a quiet place where a child who is ill can rest and can be closely supervised by an adult. Change soiled clothes, if necessary, and be as reassuring as possible.

Notify the parent or alternate as soon as you have determined that their child is ill. The parent can then begin to make alternate work arrangements or call for a doctor's appointment as soon as she/he learns of the illness. If a child is seriously ill, ask the parent or alternate to come immediately. If you cannot reach the parent, you should call the other people listed on the emergency form or the child's physician. It is important to have staff knowledgeable in first aid and CPR (cardio-pulmonary resuscitation) in the event of a true emergency.

### **3. Symptoms Which Should Exclude a Child From Attending A Child Care Facility**

Parents should be advised to keep their child at home or to seek alternate care arrangements for the following conditions:

- Pain - any complaints of unexplained or undiagnosed pain.
- A common cold with listlessness, runny nose and eyes, coughing and sore throat. Once the child's temperature, well being and energy have returned to normal, the child may no longer be contagious, and may be able to return to the child care facility even though coughing and runny nose may persist.

Generally speaking, a person who catches a cold can spread it to others for one day before symptoms appear, and about five days after the cold symptoms (above) begin.

If the symptoms (runny nose and eyes, coughing) are caused by a known allergy (e.g. hay fever, asthma) the child is not contagious and does not have to be excluded.

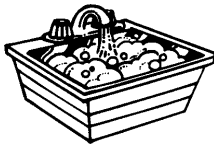
- Difficulty in breathing - wheezing or a persistent cough.
- Fever (100 degrees F/38.3 degrees C or more) accompanied by general symptoms such as listlessness or sluggishness may be an early sign of an illness that requires a doctor's attention.
- Sore throat or trouble swallowing.
- Infected skin or eyes, or an undiagnosed rash.
- Headache and stiff neck (should see physician).

- Unexplained diarrhea or loose stool (may or may not be combined with nausea, vomiting or stomach cramps). These symptoms may indicate a bacterial or viral gastrointestinal infection which is very easily passed from one child to another via the fecal-oral route. The child should be kept home until all symptoms have stopped.
- Nausea and vomiting may be early signs of illness.
- Severe itching, dry skin of either body or scalp if caused by head or body lice or scabies.
- Children with known or suspected communicable diseases.

**In Summary, a child must be kept at home (or taken home) when the child:**

- Is suffering from one or more of the above symptoms, or
- is not well enough to take part in the regular programs of the facility.

*Ultimately, the care of a child who is ill is the parent's responsibility.*



## C: Conclusion

Instituting good hygiene practices in a child care setting will minimize the spread of illness, but remember, illnesses can never be totally eliminated. There are many situations where child care providers will need to seek additional advice, especially when an illness or its effects on the child or the group is not well understood. Your local public health officials are there to help you with these situations.

The first step in preventing illness in child care settings is to build a trusting relationship with all the parents, so that everyone will share important or relevant health or illness information. If a child care provider is informed in a timely manner about any illnesses present in the children or families using the facility, she/he will be in a good position to reduce anxiety which other parents may have about their own children's health and well-being, as well as being better able to prevent the spread of communicable diseases. Remember — your local Public Health Office is always ready and willing to provide child care providers with additional information about communicable disease and illness prevention.

### Additional Reading:

1. Canadian Paediatric Society, Well Beings, Children's Hospital of Eastern Ontario, 401 Smyth, Ottawa, Ontario, K1H 8L1, 1992.  
This two volume publication is generally regarded as one of the most comprehensive and thorough reference sources on child care, and is recommended reading for anyone involved in child care, either licensed or unlicensed. Check too with your local library for books on child care.
2. Banana's Child Care Information and Referral Sick Child Care Book for Parents and Child Care Providers, 6501 Telegraph Avenue, Oakland, CA 94609.

## **Information Resources on the Internet:**

There are a number of sources of information located on the Internet, including:

1. British Columbia Ministry of Health, at [www.healthplanning.gov.bc.ca](http://www.healthplanning.gov.bc.ca) (see in particular the Child Care section, the Health Files, and Links to other sites).
2. A Quick Guide to Common Childhood Diseases, Ministry of Health and Ministry Responsible for Seniors, Spring 1998.
3. Child and Family Canada page, at <http://www.cfc-efc.ca>

## **Acknowledgements**

1. Vancouver/Richmond Health Authority, Environmental Health Division (for sample Registration Form).
2. Canadian Child Care Federation
3. Canadian Paediatric Society
4. British Columbia Children's Hospital, Safe Start Program, and Dr. Joseph Finkler, Emergency Room Physician





# Appendix

# SAMPLE REGISTRATION FORM

## Child Information

Surname		Given Name			Middle Name		
Name Child Responds to				Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date yyyy mm dd	Starting Date yyyy mm dd	
Street Address				City, Province		Postal Code	
Phone No. ( )	Child's First Language			Child's Second Language			
Person(s) with whom the child lives							

## Parent/Guardian

Name		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Address		Home Phone No. ( )	
Place of Work	Hours of Work	Work Phone No. ( )	Extension
Name		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Address		Home Phone No. ( )	
Place of Work	Hours of Work	Work Phone No. ( )	Extension

## Alternative Emergency Contacts

Name	Relationship	Phone No. ( )
Address	Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what language?
Name	Relationship	Phone No. ( )
Address	Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what language?

## Person(s) Authorized to Pick Up Child (including Mother and Father)

Name	Relationship	Phone No. ( )
Name	Relationship	Phone No. ( )
Name	Relationship	Phone No. ( )
Name	Relationship	Phone No. ( )

## Custody Agreement Details (if any) that You Wish Us to be Aware of


## Other Children Living at Home

Name	Birth Date	yyyy	mm	dd	Name	Birth Date	yyyy	mm	dd
Name	Birth Date	yyyy	mm	dd	Name	Birth Date	yyyy	mm	dd

## Has Child Previously Attended Day Care/Pre-School?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Facility
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## Health/Nutrition

Words child uses for toileting																		
Illness(es) child has had																		
Does the child:																		
<table border="0"> <tr> <td>Have vision problems?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Have hearing problems?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Have allergies?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Have speech/language problems?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Take medications?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Have food dislikes?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Require a special diet?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Have other health concerns?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>	Have vision problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have hearing problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have speech/language problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Take medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have food dislikes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Require a special diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have other health concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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Have speech/language problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Take medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have food dislikes?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
Require a special diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have other health concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No															
Specify and comment on items ticked 'yes'																		
_____																		
_____																		

## Immunization (Attach Photocopy of Immunization Record, or Indicate Dates that Immunization was Received)

Diphtheria, Tetanus and Pertussis (DPT)	yyyy	mm	dd	Polio	yyyy	mm	dd	Meningitis (HIB D)	yyyy	mm	dd	Measles, mumps and Rubella (MMR)	yyyy	mm	dd
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## Emergency Health Information

Doctor	Phone No. ( )	Address
Dentist	Phone No. ( )	Address
Other	Phone No. ( )	Address
Medical Insurance No.	CareCard / Personal Health No.	

## Emergency Consent

*It is the policy of this Centre to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.*

*Please sign below so that we can take appropriate action on behalf of your child. Return the signed form to the Centre immediately.*

I hereby give my consent for my child, \_\_\_\_\_, when ill, to be taken to the nearest emergency centre by the staff of \_\_\_\_\_ Centre when I cannot be contacted.

I consent to an ambulance being called to transport the child, if necessary.

Signature of Parent/Guardian	Name (please print)	Date signed
		yyyy mm dd

