

# Guidelines for Communicable Disease Prevention and Control for Child Care Settings

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# INTRODUCTION

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Children are susceptible to a variety of communicable diseases and illnesses. They can catch diseases and illnesses by interacting with other children and staff, and by eating contaminated food. Diapering infants and toddlers is the most important factor associated with high rates of intestinal infection in child care settings.

The purpose of this document is to provide guidance and information on how to prevent and manage communicable diseases in regulated child care settings. These include child care facilities and approved family day care homes (hereafter referred to as “programs”). It outlines the responsibilities of child care staff and family home day care providers (hereafter referred to as “staff”) and reviews illnesses and diseases that may occur in these programs. The document does not address other issues that occur in programs, such as how to take children’s temperatures or administer medications. Information on these issues can be found in the resource *Well Beings: A Guide to Health in Child Care*.

Staff and parents/guardians (hereafter referred to as “family”) play an important role in controlling illnesses in programs by following good personal hygiene and infection control practices.

# PROMOTION OF HEALTH AND SAFETY

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## Legislative Background

The Health Protection Act and the Notifiable Diseases and Conditions Regulations require the operator or director of a program to report any child or staff that they believe has a reportable notifiable disease to the zone Medical Officer of Health, Public Health. A notifiable disease is a communicable disease that is required to be reported by law. See [novascotia.ca/dhw/cdpc/documents/06026\\_ItsTheLawPoster\\_En.pdf](https://novascotia.ca/dhw/cdpc/documents/06026_ItsTheLawPoster_En.pdf) for a list of notifiable diseases. The operator/licensee or director must also report any unusual illness occurring among children and staff or any rate of illness occurring above normal that might be an early indication of an outbreak.

The purpose of notifying the Medical Officer of Health is to enable an assessment of the situation and to determine if there is potential for spread within the program and therefore a risk to public health. The Medical Officer of Health and public health practitioners can provide support and advice regarding communicable diseases to staff within the program.

Under the Health Protection Act, the Medical Officer of Health can prohibit or exclude a person from the program who has a communicable disease, has symptoms of a communicable disease (such as fever, diarrhea, vomiting, persistent cough, and rash), or has been in contact with a person having a communicable disease. The Medical Officer of Health is then responsible for determining when that person can return to the program. The Medical Officer of Health also has the authority to close the program if a communicable disease is occurring at a higher rate than normal or if there is potential for an outbreak to occur.

Day Care Regulations require that program operators or directors and staff recognize signs and symptoms of a potential communicable disease and that they remove the child from contact with other children until they are assessed by a health care provider. The Day Care Act and Regulations require programs to maintain daily records for all infants and toddlers. The information recorded is similar to that which the Notifiable Diseases and Conditions Regulations require the operator/licensee or director of a program to provide to the Medical Officer of Health.

In order to obtain a license, child care programs must provide a recommendation from Nova Scotia Environment regarding the sanitation of the facility. This recommendation is made after an inspection of the program by a Food Safety Specialist (Public Health Inspector). The recommendations are based on standards for environmental sanitation found in the Nova Scotia Environment Guide to Inspection of Child Care Centres. For further information, contact Nova Scotia Environment at [novascotia.ca/nse/dept/offices.asp](http://novascotia.ca/nse/dept/offices.asp) If a health hazard or potential health hazard is found in relation to the food safety and environmental sanitation in the program the Medical Officer of Health or a Public Health Inspector under the authority of the Health Protection Act can close the program.

The Department of Education and Early Childhood Development is responsible for regulating child care programs and providing consultation and support to enhance program quality. On behalf of the Department of Education and Early Childhood Development, Licensing Services at the Department of Community Services carries out inspection and enforcement procedures, including the issuance of a license. Child care licenses are valid for a period of 6 months (initial license) up to 5 years after the date of issuance. The Department has the authority to not renew a program's license, if upon inspection any of the requirements of the Act or Regulations are being violated by the program. Information on the Acts and Regulations governing child care programs can be found on the Department's website at: [ednet.ns.ca/earlyyears/acts\\_regs\\_standards.shtml](http://ednet.ns.ca/earlyyears/acts_regs_standards.shtml)

# SPREAD OF INFECTIONS

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Infections are spread through the interaction of three basic elements:

- infectious agent–germs
- host–a person
- means of transmission–the environment

## **Infectious Agents**

- Germs include bacteria, viruses, parasites, and fungi.
- Germs are so small you can only see them through a microscope.
- Bacteria and viruses are the most common germs.
- Sometimes just a few germs can cause an infection.
- Not all germs cause infections and illnesses.
- Antibiotics kill bacteria, but not viruses.
- Some germs can survive for hours, or even days or weeks, on toys and other surfaces.

## **Host**

- A host is a person who has an infection–either a child or staff.
- The host does not have to be severely ill for germs to spread.
- An infected person may not show signs of illness, but may still be contagious.
- Immunization is an effective way to prevent the host from being susceptible to some germs. For example, we can prevent measles by vaccination.
- The host's naturally acquired immunity to the germ may also protect against an infection. For example, the host may develop a natural immunity to chicken pox as a result of a previous infection.

## **Means of Transmission**

Germs can spread through

- contact, such as touching between children or between a child and staff.
- the air, through coughing and sneezing.
- touching stool or fecal matter, such as when diaper changing.
- contact with blood or other bodily fluids from cuts and wounds.
- eating contaminated foods, such as food not refrigerated properly and drinking unsafe water.
- contact with vectors, such as animals and insects–dogs, cats, fleas.
- touching contaminated objects, such as toys, cots, cribs.

**The 10 greatest carriers of disease are the fingers!**



# COMMUNICABLE DISEASE CATEGORIES

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Communicable diseases can be divided into the following categories:

- 1.0 Respiratory
- 2.0 Gastrointestinal
- 3.0 Direct/Indirect Contact
- 4.0 Bodily fluids: Blood-Borne
- 5.0 Animals and Insects
- 6.0 Outbreaks

Common symptoms of illness such as diarrhea, vomiting, rashes, coughs, and fever are addressed under these categories. Guidelines to help staff effectively care for an ill child will also be addressed in these categories. Exclusion guidelines are discussed in each of the categories as well as in [Appendix K, Exclusion Guidelines for Ill Children](#).

**More information and fact sheets on commonly found childhood infections and infestations can be found on the Canadian Paediatric Society website at [caringforkids.cps.ca/handouts/illnesses-index](http://caringforkids.cps.ca/handouts/illnesses-index)**

## 1.0 Respiratory

Germs in saliva and nasal secretions can cause respiratory illnesses. These germs spread from person to person by way of the respiratory tract. Germs become airborne when we cough or sneeze. Others are exposed to the germs when they inhale airborne droplets or touch contaminated surfaces.

Wiping a runny nose also can spread germs to staff's or children's fingers. The germs spread further by touching another person with contaminated fingers. Transmission of flu and cold viruses is especially common by rubbing the eyes with contaminated fingers. Not all germs are spread this easily. Some illnesses, such as meningitis, require long and persistent close contact.

## 1.1 Colds and Coughs

Colds and coughs are usually due to a cold virus that is highly contagious. Symptoms range from mild to severe. Colds and coughs may be the first indicator of a more serious illness.

**Table 1: Safely Caring for Children with Colds and Coughs**

To safely care for children with colds and coughs, follow these steps:

1. Closely observe these children for other signs of illness.
2. Children with mild symptoms may continue to attend the child care setting if they are well enough to participate in all activities, including playing outdoors.
3. Practice good personal hygiene and encourage children to do the same, such as frequent hand washing and covering coughs or sneezes.
4. If a child appears ill and has any of the following symptoms, inform the family and, if possible, separate the child from other children until the family arrives:
  - The child is not able to participate in all activities including playing outdoors.
  - The child has a fever\*: temperature above 100.4°F, 38°C [ear], 99.5°F, 37.5°C [mouth], 99.1°F, 37.3°C [armpit] or greater accompanied by behaviour change or other signs and symptoms [sore throat, rash, vomiting or diarrhea, earache].
  - The child has a sudden change in behaviour which could include: listlessness or excessive sleepiness, excessive fussiness or crankiness, difficulty breathing or persistent cough.

**\* Note: Notify the family immediately if a child less than 6 months has a fever irrespective of behaviour change or other signs and symptoms. Children less than 6 months with a fever should be evaluated by a health care provider.**

## 2.0 Gastrointestinal

Viruses, bacteria, and parasites cause gastrointestinal illnesses, also called enteric illnesses. These germs spread by the fecal-oral route. This means that fecal material [stool] contaminates hands, toys, foods, or other items that are then put into the mouth.

### 2.1 Diarrhea

Diarrhea is the most common symptom of a gastrointestinal illness. Severe cases of diarrhea can lead to serious dehydration problems, especially in infants.

Diarrhea is a change from the child's normal stool, from solid or semi-solid, to a liquid or semi-liquid state. Diarrhea stools are more frequent than normal bowel movements. They may contain mucous or blood. Nausea, vomiting, and abdominal pain sometimes accompany diarrhea. In addition, the child may lose bowel control.

Diarrhea occurs when the bowel is stimulated or irritated in an unusual way. The causes can be infectious or non-infectious. Diarrhea due to infectious causes can last from 2–7 days. Identifying infectious causes requires a medical examination and sometimes laboratory tests. Enforcing proper hand washing and proper diapering procedures helps prevent gastrointestinal illnesses.

Infectious causes of diarrhea include

- viral infections, such as rotavirus, norovirus
- bacterial infections, such as salmonella, shigella, E. coli
- irritation due to an infection located in an adjacent organ such as the kidney
- general illness, such as influenza

Non-infectious causes of diarrhea include

- eating food with laxative action, such as prunes
- food intolerance
- chronic bowel disease
- excitement or fear
- leakage due to ineffective sphincter muscle
- some medications, such as antibiotics, laxatives

**Table 2: Diarrhea Guidelines**

To safely deal with a case of diarrhea, follow these steps:

1. If a child has one episode of diarrhea, watch for other signs of illness for the rest of the day and inform the child's family at the end of the day. If no more diarrhea occurs and there are no other signs of illness, the child may return to the child care setting the next day.
2. If more than one episode of diarrhea or diarrhea with fever, vomiting or blood in the stool occurs, inform the family to pick up the child. If possible, separate the child from the other children until the family arrives. Advise the family to consult their health care provider if the diarrhea continues. The health care provider may require a stool culture to determine the cause of the diarrhea.
3. **INFORM THE FAMILY IMMEDIATELY IF THE CHILD HAS FREQUENT EPISODES OF DIARRHEA, APPEARS ILL, HAS A FEVER, IS IN PAIN, OR IF THERE IS ANY SIGN OF BLOOD IN THE STOOL.** Advise the family to take the child to the health care provider as soon as possible for diagnosis and treatment.
4. Practice good personal hygiene, such as frequent hand washing, and encourage children to do the same.
5. Exclude a child or staff until there are no more symptoms of diarrhea, fever, or discomfort for at least 24 hours or longer for certain illnesses, or until any special tests (if required) are negative, before returning to the child care program.
6. Clean and sanitize the child's surroundings, including anything the stool may have touched, as soon as possible [See [Section 11](#)]. Pay special attention to sanitizing the diaper change area and to proper hand washing [See Appendices [F](#), [G](#) & [H](#)].
7. Contact your local public health office if you have questions or concerns about readmitting the child or if you suspect an outbreak of a communicable disease. See [Section 6.0](#) for more details.

## 2.2 Vomiting

Children vomit more easily and with much less discomfort than adults. Children may vomit because of problems not directly related to the bowel or stomach. The cause of vomiting is often not infectious. If a child vomits and has diarrhea and a fever, suspect an infectious cause.

**Table 3: Vomiting Guidelines**

To safely deal with vomiting, follow these steps:

1. If a child has one episode of vomiting, watch for other signs of illness and inform the child's family at the end of the day. If no more vomiting occurs and there are no other signs of illness, the child may return to the child care program the next day.
2. If more than one episode of vomiting occurs, or vomiting with other signs of illness such as fever or diarrhea, inform the family to pick up the child. If possible, separate the child from the other children until the family arrives. Advise the family to consult their health care provider if the vomiting continues.
3. **Inform the family immediately if the child has severe abdominal pain with vomiting.** Advise the family to consult their health care provider as soon as possible.
4. Exclude a child or staff until they completely recover and are symptom-free for at least 24 hours before returning to the child care program, unless the vomiting is determined to be by a non-infectious cause.
5. As soon as possible and while wearing disposable gloves, clean and sanitize the area where the child vomited. (See [Table 11](#) and [Appendix I](#)). Wash hands thoroughly after clean up.
6. Contact your local public health office if you have questions or concerns about readmitting the child or if you suspect an outbreak of a communicable disease. See [Section 6.0](#) for more details.

## 3.0 Direct / Indirect Contact

### 3.1 Rashes

A rash can be a symptom of a number of illnesses that spread through physical contact, through the air, and through contact with fecal matter. It can be difficult to distinguish between different types of rashes.

Children develop many kinds of rashes. A rash is a symptom of a health condition that may or may not be infectious. When registering a child, ask the parent about chronic or recurrent rashes, such as eczema and rashes caused by food allergies and other allergies. These rashes are not infectious.

#### Rashes from Infections:

Most infections that have a rash as a symptom are spread through coughing, sneezing, and breathing **before the rash appears**, for example, chicken pox and measles. Many children may be exposed to the infection before you are aware that there is a problem. If one child develops an illness and rash, watch for the early signs of illness in the other children.

#### Rashes from Parasites:

Parasites cause certain types of very itchy rashes on the scalp or skin—head lice, scabies, and pinworms. This is called an infestation rather than an infection, and therefore does not cause disease. **These infestations are not a public health risk.**

Parasites pass from one child to another by close physical contact or through contact with shared personal items—bedding, hats, and combs. Rashes caused by parasites are not associated with any symptoms of generalized illness such as fever or cough. They are easily treated.

**Table 4: Rash Guidelines**

To safely deal with rashes, follow these steps:

1. Check for other signs of illness, such as fever or cough or changes in behaviour. If there are no other signs of illness, advise the family of a child with an unidentified rash to see a health care provider to determine its cause and treatment, if necessary.
2. If possible, separate a child who has both a rash and a fever or other sign of illness from other children—other signs of illness including vomiting and diarrhea.
3. Inform the child’s family as soon as possible to pick up their child.
4. Advise the family that the child cannot return until a health care provider sees the child and the child fully recovers. Request a note from the child’s health care provider if you have any concerns.
5. Contact your local public health office if you have questions or concerns about readmitting the child or if you suspect an outbreak of a communicable disease. See [Section 6.0](#) for more details.

### **3.2 Open Cuts and Wounds**

Drainage or pus from cuts and other skin wounds can contain bacteria that can be spread to others.

**Table 5: Open Cuts and Wounds Guidelines**

To safely deal with open or draining cuts and wounds in children or staff, follow these steps:

1. Make sure the cuts or wounds are covered with bandages or dressings, so that the drainage does not leak out.
2. Throw away dirty or soiled bandages or dressings in a covered garbage can before anyone else can be exposed to them, and then wash your hands.
3. Any items, furniture or toys that are contaminated with drainage should be cleaned and disinfected before being used by anyone else.
4. If the wounds cannot be covered, the child or staff may need to be excluded from the program until the wound is healed or can be covered.

## 4.0 Bodily Fluids: Blood-Borne

Hepatitis B virus, hepatitis C virus, and human immunodeficiency virus (HIV) are blood-borne illnesses. Sometimes children or staff are infectious without showing any symptoms of these illnesses, but they do not need to be excluded from the program.

As a basic principle, staff should assume that all bodily fluids are potentially infectious. If you come into contact with blood or bodily fluids, you must wash your hands immediately. See [Appendix A, Proper Hand Washing Procedures Poster](#). Spills of bodily fluid should be cleaned and the surface disinfected immediately. See [Appendix I, Proper Procedure for Cleaning Blood or Bodily Fluid Spills on Surfaces](#).

Disposable gloves are not necessary during normal child care activities as long as proper hand washing takes place.

Use disposable gloves when you

- have cuts or open sores on your hands
- give first aid to a child who has wounds that are bleeding or draining bodily fluids

### 4.1 Sharps Guidelines—Needles and Syringes

Needles and syringes can often be found on playgrounds and areas near programs.

**Table 6: Sharps Guidelines**

To safely handle sharps (needles, lancets and syringes), follow these steps:

1. Wear heavy gloves or use a thick cloth or tongs when picking up needles and syringes.
2. Do not try to put the cap back on the needle.
3. Hold the needle tip away from you. Be careful not to prick yourself.
4. Place the needle in a non-breakable container with a lid, such as a can, or thick plastic jug/bottle.

[table continued on next page]



5. Wash your hands.
6. Take the container to the closest pharmacy for disposal.
7. If staff or a child gets a needle injury:
  - Stay calm.
  - Clean the wound with soap and water as soon as possible.
  - Notify the family of the child.
  - **Seek medical attention as soon as possible.**

## 4.2 Biting in Programs

Biting is normal behaviour for young children. Bites occur frequently in programs as young children often bite each other during play or while interacting with each other. Bites rarely break the skin and the risk of infection is minimal.

**Table 7: Bite Guidelines**

To safely care for a child when a bite occurs, follow these steps:

1. If the skin is not broken wash the area with soap and water and apply a cold compress.
2. If the skin is broken:
  - Allow the wound to bleed gently, without squeezing.
  - Clean the wound with soap and water and apply a mild antiseptic such as hydrogen peroxide.
  - Inform the families of both the child who has bitten and the bitten child as soon as possible.
  - Advise the family of the bitten child to see a health care provider if swelling or redness develops around the area.

## 5.0 Animals and Insects

Petting zoos and farm visits or other venues with live animals are popular ways of seeing and coming into contact with animals. Although there are benefits to human-animal contact, it also presents a small but real risk of acquiring a communicable disease through animal bites or scratches.

Diseases are spread through direct contact with animals or indirectly through contact with their feces, saliva, or the enclosure holding the animal. Illnesses including *E.coli* 0157:H7 and salmonella have been reported in children and other individuals with high-risk medical conditions following visits to these programs.

Staff has a duty to care for and protect children from an unforeseeable risk of harm or injury. They should be aware of risks, develop and implement procedures to minimize risks, and supervise children to ensure they follow procedures. See [Appendix J](#) for more information about visiting agricultural fairs, zoos, petting zoos and farms.

Infectious diseases such as *E.coli* 0157:H7, salmonellosis, and campylobacteriosis have also occurred in children after consuming unpasteurized [raw] milk products [milk, cheese and yogurt] and unpasteurized [raw] apple cider or juice during farm visits. **Avoid these products.**

It is important to teach children to never touch or feed wild or stray animals. Never attempt to nurse a wild or stray animal back to health. A sick animal could have diseases such as rabies.

If a staff or child gets an animal bite or scratch:

- Wash the wound immediately and thoroughly with soap and warm water and apply an antiseptic or alcohol to the area.
- Notify the family and advise them to see a health care provider if the wound needs further treatment.
- Contact Public Health if the biting animal is wild, a stray, or the owner is unknown. See page 16 for contact information.

More information on Rabies can be found at [novascotia.ca/dhw/CDPC/rabies.asp](http://novascotia.ca/dhw/CDPC/rabies.asp)

In addition, staff should be aware of the risk of illness of West Nile virus [WNV] from mosquito bites and Lyme Disease from tick bites.

To reduce the risk of mosquito bites:

- Avoid areas and times of day when mosquitoes are most active.
- Wear protective clothing such as light-coloured long-sleeved shirts, pants, socks and a hat.
- Use personal insect repellents that contain DEET –several brands are made especially for children. **Always read and follow directions on the label and ensure the product is appropriate for age.**

More information on West Nile virus can be found at [novascotia.ca/dhw/CDPC/west-nile-virus.asp](https://novascotia.ca/dhw/CDPC/west-nile-virus.asp)

To reduce the risk of tick bites:

- Cover as much of the exposed skin as possible by wearing enclosed shoes, tucking shirts into pants and tucking pant legs into socks.
- Use personal insect repellents that contain DEET—several brands are made especially for children. **Always read and follow directions on the label and ensure the product is appropriate for age.**
- Upon returning from an outing, staff should examine their body and clothing and children’s bodies and clothing for ticks.
- Remove a tick as soon as possible and notify the family and advise the family to see a health care provider if signs of an infection develop.

More information on Lyme Disease and how to remove a tick can be found at [novascotia.ca/dhw/CDPC/lyme.asp](https://novascotia.ca/dhw/CDPC/lyme.asp)

## 6.0 Outbreaks

The definition of an outbreak depends on the type of illness, seasonal variations and specific provincial guidelines. For example, one case of measles is considered an outbreak. A suspect outbreak exists when an illness occurs at a higher rate than expected in children or staff in a program. Early discussion with your local public health office may help identify and prevent an outbreak.

Public Health usually decides when an outbreak is occurring. Measures to control an outbreak are disease-specific. Water play and sensory play activities must be discontinued during an outbreak. During an outbreak, environmental sanitation procedures may differ from those outlined in Section 11 and should be followed.

**Table 8: Outbreak Guidelines**

To determine whether an outbreak exists, follow these steps:

1. Observe any symptoms that may indicate the presence of an illness, through daily observation of the children.
2. Record any unusual behaviour or symptoms of either children or staff – diarrhea, fevers, rashes, respiratory symptoms.
3. Consult absentee records of children or staff to check for similar symptoms or trends.
4. Call Public Health as soon as possible to report these symptoms or absenteeism greater than 10% [or absenteeism that is higher than expected as determined by the program or public health authority]. See the list below for contact information for Public Health in your area.

### Public Health Offices – Contact Numbers

Amherst	902-667-3319
Antigonish	902-867-4500, ext. 4800
Bridgewater	902-543-0850
Dartmouth	902-481-5800
New Glasgow	902-752-5151
Sydney	902-563-2400
Truro	902-893-5820
Wolfville	902-542-6310
Yarmouth	902-742-7141

# PRACTICES TO REDUCE THE SPREAD OF INFECTIONS AND COMMUNICABLE DISEASES

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Using basic infection control practices helps protect children and staff from infections in programs.

To help control the spread of infections, the program must:

- Establish and enforce written policies for the proper management of infections and illnesses.
- Communicate these policies to the families.
- Observe and record any illness symptoms of the children each day.
- Keep up-to-date records of immunizations for both children and staff.
- Establish and enforce proper
  - hand washing procedures for all children and staff.
  - diapering, toileting, and other general hygienic procedures.
  - food safety procedures.
  - environmental sanitation and animal handling procedures.

## 7.0 Immunizations

Immunizing children is an important aspect of preventing communicable diseases. Immunization is not required by law in Nova Scotia, but the Nova Scotia Department of Health and Wellness and Public Health endorse and strongly recommend that all infants, preschoolers, children, youth, and other “at-risk” populations are immunized following the Nova Scotia Department of Health and Wellness “Nova Scotia Immunization Schedules” (refer to [novascotia.ca/DHW/CDPC/immunization.asp](https://novascotia.ca/DHW/CDPC/immunization.asp)).

As part of each child’s health history, an immunization record for each child must be kept and updated regularly by the program.

**Table 9: Immunization Guidelines**

To keep proper children’s health records follow these guidelines:

1. Ensure that the family provides up-to-date immunization information before you admit the child to the child care setting. See [novascotia.ca/dhw/cdpc/documents/13151\\_ChildhoodImmunizationSchedule\\_En.pdf](https://novascotia.ca/dhw/cdpc/documents/13151_ChildhoodImmunizationSchedule_En.pdf).
2. Collect an initial immunization and health history for each child.
3. Update each child’s immunization record regularly. Infants and toddlers (less than 18 months) will still be completing their initial series of immunization. Regular attention to records is especially important for these children.
4. Send periodic reminders to the families of younger children, to ensure that their children’s immunization records are accurate and up-to-date.
5. During an outbreak of a vaccine-preventable disease, at the direction of the Medical Officer of Health any child or staff with incomplete immunization to that disease may be excluded from attending the child care program.

## Why Immunization is Important for Providers of Child Care

Up-to-date immunization protects child care workers and the children they care for from communicable diseases. It is recommended that staff should have the following immunizations:

Disease	Recommended for Staff
Tetanus-diphtheria-acellular pertussis	One adult booster
Tetanus-diphtheria	Every ten years
Measles, mumps, rubella	Recommended for staff who have not had these diseases and have no immunity, as confirmed by laboratory testing. For adults born in 1970 or later, 2 doses are recommended.
Chicken pox	Recommended for staff who have not had the disease and have no immunity, as confirmed by laboratory testing. [Vaccine not publicly funded for staff]
Influenza	Every year

See [novascotia.ca/dhw/cdpc/documents/13155\\_AdultImmunizationSchedule\\_En.pdf](https://novascotia.ca/dhw/cdpc/documents/13155_AdultImmunizationSchedule_En.pdf) for the Adult Immunization Schedule.

### Pregnant staff

Pregnant staff or those who are trying to become pregnant should be aware of their health history. Several childhood diseases can be harmful to the unborn child and the mother if she is not immune. These diseases include chicken pox and rubella. A woman should talk to her health care provider about any necessary immunizations that may be required prior to pregnancy or as soon as possible if the pregnancy is unexpected.

**Note:** Viruses such as cytomegalovirus and fifth disease can be harmful to the unborn child. Pregnant staff exposed to these viruses should talk to their health care provider.

## 8.0 Hand Washing

Hand washing is the single most effective way to prevent infections from spreading. Enforcing proper hand washing by staff, food handlers, and children helps ensure a safe and healthy environment.

The best kind of sink for hand washing has hot and cold water mixed through one faucet, and also has foot, knee, or wrist-operated water controls. Mixing valves may be required.

Supply the hand wash sink with paper towels and liquid soap in a dispenser. It is not necessary to use disinfectant or antimicrobial soaps. Cartridge-type dispensers, rather than refillable soap dispensers, are preferable. If you use refillable liquid soap dispensers, clean and sanitize the containers before refilling them. Cloth towels are not recommended. For an illustration of the proper hand washing technique refer to [Appendix A, Proper Hand Washing Procedures poster](#).

**Alcohol-based hand rubs should only be used when soap and water are unavailable.** It is recommended that alcohol-based hand sanitizers have a minimum of 60 per cent ethanol (ethyl alcohol). Hand sanitizers should not be used if hands are visibly soiled with dirt or other contaminated material (e.g., stool, urine, vomit or blood). Children must be supervised while using alcohol hand rubs because it can be harmful to the child, if swallowed. Allow the hands to dry completely before children touch anything, especially before hand-to-mouth contact. These products should be stored away from children.

## 9.0 Diapering

The rate of intestinal infection in programs directly relates to the presence of children in diapers. Diaper changing is one of the highest risk procedures for the spread of diarrhea illness among children and staff. Proper hand washing, cleaning and disinfecting of diaper change tables help prevent diarrheal illness in the program.

To help reduce the spread of intestinal illnesses, the program must ensure there is a

- properly designed diaper change area (refer to [Table 10](#))
- proper procedure for using gloves ([Appendix E](#))
- proper procedure for changing diapers ([Appendix F](#))
- proper procedure for toileting ([Appendix G & H](#))



**Table 10: Diaper Change Area Guidelines**

When designing a diaper change area, follow these guidelines:

- ALWAYS separate diaper change areas from food preparation areas. Diaper change areas require a separate hand washing sink with liquid soap and paper towel.
- ALWAYS ensure the diaper change table and pad is made of a smooth, non-absorbent, and easily cleanable material. Clean and disinfect the diaper change table in between each diaper change. See [Appendix F](#).
- ALWAYS make sure the waste container has a tight-fitting, foot-operated lid and is lined with a disposable plastic bag. Empty the container frequently. Clean and disinfect it at least daily.
- NEVER dispense creams and ointments in a way that contaminates the contents, such as with fingers, common sticks, or tissues. If special creams are necessary ALWAYS use an individual utensil to dispense it for each child.
- NEVER rinse soiled clothing or cloth diapers at the program. Place soiled clothing or cloth diapers in a sealed plastic bag for home washing.
- NEVER use just hand sanitizer between diaper changes—wash your hands with soap and water.

## 10.0 Food Safety Practices

Children must receive food that is safe and healthy to eat. Safe food helps prevent the development and spread of infectious illnesses, such as gastroenteritis.

Proper food safety requires that staff and food service staff practice good personal hygiene and know how to handle food safely when preparing, storing, and serving it.

All programs serving meals must have at least one person who has successfully completed a recognized food handlers training course present in the food preparation area at all times when food is being prepared. Information on these courses can be found by visiting: [novascotia.ca/agri/programs-and-services/food-protection/food-hygiene-course/](https://novascotia.ca/agri/programs-and-services/food-protection/food-hygiene-course/)

## **10.1 Personal Hygiene**

To practice good personal hygiene, follow these steps:

1. Develop and enforce a clear policy about staff and illness. For example, no food handler may work while suffering from a gastrointestinal illness such as diarrhea.
2. Ensure that food handlers wash their hands with liquid soap and warm water
  - before starting work
  - upon return to work from a break
  - after using the washroom
  - after handling raw meats, vegetables or fruits
  - after handling garbage or garbage containers
  - after blowing or wiping their nose
  - after completing any other activity that may have contaminated their hands
3. Ensure that food handlers have clean hands, clothes, and hair restraints. Do not allow smoking in the kitchen or on the premises of the program.
4. Ensure that staff who change diapers wash their hands both after diapering and before preparing food.

## **10.2 Food**

Receiving, storing, preparing and handling food properly are essential in ensuring the program serves safe food. To safely prepare food follow these guidelines:

### **10.2.1 Thawing Food**

- Do not thaw food on a counter at room temperature. This can cause rapid bacterial growth and can result in food poisoning.
- Practice the following safe thawing methods:
  - Thaw food in a refrigerator.
  - Thaw food under cold running water, if rapid thawing is necessary.
  - Thaw food in a microwave and then cook immediately.
  - Cook from frozen where applicable.

### **10.2.2 Preparing Food**

- Thoroughly wash all raw fruits and vegetables under cold running water.
- Wash the tops of canned food before opening. Wash the opener with clean, soapy water after each use.
- Avoid hand contact with food by using clean utensils to mix and serve food.

- Before each use, clean and sanitize all utensils you use to taste food during preparation. Do not put a utensil you just used to taste food back into a pot or dish that contains food that will be served to others.
- Clean and sanitize all surfaces as you prepare the food to prevent cross-contamination of food and work surfaces. Where possible, use separate areas or utensils for raw and ready-to-eat foods.
- Clean and sanitize work areas and wash your hands when changing from raw to cooked food, or from raw to ready-to-eat food.
- Ensure a minimum internal temperature of 74°C [165°F] when cooking food, or 82°C [180°F] when cooking whole poultry. For more details please see [novascotia.ca/agri/documents/food-safety/internal-cooking-temps.pdf](https://novascotia.ca/agri/documents/food-safety/internal-cooking-temps.pdf)
- Maintain a minimum temperature of 60°C [140°F] when holding hot food.
- Ensure a minimum internal temperature of 74°C [165°F] when reheating food.
- Refrigerate prepared food as quickly as possible. The prepared food should be no deeper than two inches (approximately 5 cm), to enhance rapid cooling.
- Dispose of leftover food that has been put out in serving bowls for the children.

### **10.2.3 Preparing and Storing Breast Milk and Substitutes (Infant Formula)**

#### **Breast Milk**

Breast milk is the only food an infant needs for the first 6 months of life. If an infant is not breastfed, formula is the only acceptable substitute for the first 6 months of life. Infants should not be fed solid food before 6 months. Breast milk will continue to be the infant's main source of nourishment for 12 months, and continue to provide nourishment for as long as the mother continues to provide breast milk. Some mothers may switch between breast milk and formula, or feed their baby both as needed. It is important to work with the family to develop an infant feeding plan to address feeding and storage of breast milk. This may also include a plan to follow if the supply runs out, and a 'transition' plan to other milks if/when necessary.

#### **To safely store breast milk:**

- Ensure bottles and containers are labelled with the following:
  - child's name
  - date received
  - date to be used by

- Store the breast milk in the refrigerator or freezer as soon as it is received, as requested by the family. Breast milk may be stored in the same fridge as other foods.
- Never leave freshly expressed breast milk at room temperature for more than 3-4 hours.
- Breast milk that has not been previously frozen can be stored in the refrigerator between 0°C [32°F] and 4°C [40°F] for up to 5 days, however less than 72 hours is ideal.
- Breast milk that has been frozen can be stored for different lengths of time depending on the type of freezer.
  - In a freezer compartment inside a refrigerator at a temperature of -15°C [5°F] for 2 weeks
  - In a freezer compartment with a separate door at a temperature of -18°C [0°F] for 3-6 months
  - In a deep freeze at a temperature of -20°C [-4°F] for 6–12 months
- Previously frozen breast milk that has been thawed can be safely kept refrigerated for up to 24 hours, after which it should be discarded.

### **To safely prepare breast milk:**

- Wash your hands before and after preparing breast milk and handling bottles.
- Clean and sanitize counters where bottles of breast milk are prepared.
- Frozen breast milk can be thawed in the refrigerator or by placing the container in lukewarm water.
- To warm breast milk, place the container or bottle in a pan or bowl of warm water.
- Do not heat breast milk in the microwave. Microwaves cause uneven heating and the breast milk could scald the infant.

### **To safely feed breast milk:**

- Wash your hands prior to and after feeding.
- An infant must not be fed in a crib or by bottle propping. An infant who cannot hold a bottle must be held by staff during the feeding.
- If the baby does not finish the breast milk bottle, it may be used again within 1–2 hours. If not used within 1–2 hours, it must be discarded.
- If a child is given the breast milk intended for another child, the family of both the children must be notified.

## **Formula**

For infants who are not breastfed, formula is the only food an infant needs in the first 6 months of life. Infants should not be fed solid food before 6 months. Formula will continue to be the infant's main source of nourishment from 6–12 months of age. Some mothers may switch between breast milk and formula, or feed both as needed. Work with the family to develop an infant feeding plan to address feeding and storage of formula. This may also include a plan to follow if the supply runs out, and a 'transition' plan to other milks if/when necessary.

Formula is available in ready-to-serve liquid, a concentrated liquid, or a powder form. It is important to follow the measuring directions on the formula container exactly.

### **To safely store formula prepared at home:**

- Ensure bottles and containers of formula are labelled with:
  - child's name
  - date prepared
  - date received
  - date to be used by
- Store prepared formula in the fridge as soon as it is received. Prepared formula may be stored in the same fridge as other foods.
- Never leave prepared formula (powdered, liquid concentrate, or ready to serve) at room temperature for more than 2 hours.

### **To safely feed prepared formula:**

- Wash hands prior to and after feeding.
- Do not heat infant formula in a microwave. Microwaves cause uneven heating and the formula could scald the infant.
- Leftover formula must be discarded. Infants must start a new bottle at each feeding.
- An infant must not be fed in a crib or by bottle propping. An infant who cannot hold a bottle must be held by staff during the feeding.
- If a child is given the formula intended for another child, the families of both the children must be notified.

When formula is prepared in a program the following guidelines should be followed:

### **For ready-to-serve liquid formula:**

- Ready-to use formula does not need to be mixed.

- Wash your hands prior to preparing formula.
- Until a child is 6 months old, everything used to prepare the formula needs to be sterilized each time by boiling for 2 minutes to make sure it is germ-free. This includes things like the measuring cup, can opener and tongs, as well as bottles and nipples.
- After a child is 6 months old, everything used to prepare the formula must be washed and sanitized as per the Nova Scotia Food Retail & Food Services Code [novascotia.ca/agri/documents/food-safety/NSFoodCode.pdf](http://novascotia.ca/agri/documents/food-safety/NSFoodCode.pdf)
- Clean and sanitize counters where formula is prepared.
- Store the filled bottles in the refrigerator. The bottles must be used within 48 hours. After this the formula must be discarded.
- Once opened, ready-to-use formula can be covered and stored in the refrigerator for up to 48 hours. After this it must be discarded.

**For liquid concentrate formula:**

- Wash your hands prior to preparing formula.
- Until a child is 6 months old, everything used to prepare the formula needs to be sterilized each time by boiling for 2 minutes to make sure it is germ-free. This includes things such as the measuring cup, can opener and tongs, as well as bottles and nipples.
- After a child is 6 months old, everything used to prepare the formula must be washed and sanitized as per the Nova Scotia Food Retail & Food Services Code [novascotia.ca/agri/documents/food-safety/NSFoodCode.pdf](http://novascotia.ca/agri/documents/food-safety/NSFoodCode.pdf)
- Clean and sanitize counters where formula is prepared.
- Until a child is 6 months old, all types of water used to prepare the liquid concentrate formula must be boiled for at least 1 minute and cooled before mixing.
- Well water must be tested for bacteria and chemical content. It is not safe to use well water that has high levels of chemicals or minerals to mix formula, even if you boil it. The Nova Scotia Department of Environment recommends that your well water be tested every 6 months for bacteria and every 2 years for chemical content. Contact 1-877-9ENVIRO (1-877-936-8476) to find out more about well water testing.
- If well water is used, continue to use boiled water for as long as the baby drinks formula.
- To prepare the formula, follow the instructions on the can. Use a measuring cup, not a bottle, to measure liquids because the measurements on bottles are not always accurate.

- Store the filled bottles in the refrigerator at 4°C [40°F] or lower. The bottles must be used within 48 hours. After this the formula must be discarded.
- Once opened, the liquid concentrate formula can be covered tightly and stored in the refrigerator for up to 48 hours. After this, it must be discarded.

### **For powdered formula:**

- It is not safe to use powdered formula for babies less than 2 months old.
- Wash your hands prior to preparing formula.
- Clean and sanitize counters where formula is prepared.
- Until a child is 6 months old, everything used to prepare the formula needs to be sterilized each time by boiling for 2 minutes to make sure it is germ-free. This includes things such as the measuring cup, can opener and tongs, as well as bottles and nipples.
- After a child is 6 months old, everything used to prepare the formula must be washed and sanitized as per the Nova Scotia Food Retail & Food Services Code [novascotia.ca/agri/documents/food-safety/NSFoodCode.pdf](http://novascotia.ca/agri/documents/food-safety/NSFoodCode.pdf)
- Well water must be tested for bacteria and chemical content. It is not safe to use well water that has high levels of chemicals or minerals to mix formula, even if you boil it. The Nova Scotia Department of Environment recommends that your well water be tested every 6 months for bacteria and every 2 years for chemical content. Contact 1-877-9ENVIRO [1-877-936-8476] to find out more about well water testing.
- It is safest to prepare only one bottle of formula at a time because powdered formula cannot be sterilized and may contain a small amount of bacteria.
- To prepare the formula, follow the instructions on the can. Use a measuring cup, not a bottle, to measure liquids because the measurements on bottles are not always accurate.
- Regardless of infant's age, all types of water used to prepare the powdered formula must be brought to a rolling boil for 1 minute and cooled to no less than 70°C [158°F] [cool for no more than 30 minutes at room temperature] before adding powder. **The prepared bottle of formula may then be cooled to room or body temperature (37°C) by quickly placing the bottle under cold running water or into a container of cold or ice water prior to feeding the infant to avoid potential scalding.**
- **If preparing formula for later use**, the water used to prepare the formula must be brought to a rolling boil for 1 minute, dispensed into containers of a maximum size of 1 L and cooled down to no less than 70°C [158°F] [cool for no more than 30 minutes at room temperature] before adding powder. The prepared bottle of

formula may then be cooled to room or body temperature [37°C] by quickly placing the bottle under cold running water or into a container of cold or ice water prior to feeding the infant to avoid potential scalding.

- If well water is used, continue to use boiled water for as long as the baby drinks formula.
- If not used immediately, put the filled, cooled bottles in the refrigerator right away.
- Formula that is prepared for later use can be stored up to 24 hours when refrigerated at 4 °C [40°F].
- Store open containers of powdered formula in the original container with a tight-fitting lid in a cool, dry area and off the floor.
- Store open cans of powdered formula for up to 30 days only. Label each can with the date it was opened. Discard after 30 days or before the expiry date, whichever comes first.

#### **To safely feed prepared formula:**

- Wash hands prior to and after feeding.
- Do not heat infant formula in a microwave. Microwaves cause uneven heating and the formula could scald the infant.
- Leftover formula must be discarded. Infants must start a new bottle at each feeding.
- An infant must not be fed in a crib or by bottle propping. An infant who cannot hold a bottle must be held by staff during the feeding.
- If a child is given the formula intended for another child, the families of both the children must be notified.

### **10.2.4 Preparing for Picnics and Outings**

When planning for picnics and other outings, consider the duration of the outing and the availability of proper refrigeration. Improper storage of food increases the capability for bacterial growth and can result in an outbreak of food poisoning.

To properly prepare for picnics and outings, follow these guidelines:

- Bring only non-perishable foods, if possible. These are foods that do not support bacterial growth, i.e., normally do not require refrigeration to be kept safe.
- Keep perishable food, such as cooked meat, fish, poultry, and dairy products at a temperature less than 4°C [40°F]. Do not bring raw meat, fish, or poultry on an outing.



- Use alcohol-based hand rubs or moist towelettes to clean hands of staff and children before eating, if proper hand washing facilities are not available.
- Drink water from a known safe source only. Do not drink from springs, streams, and similar sources. If uncertain, always bring bottled water.

### **10.2.5 Serving Catered Foods**

Catering includes foods from local restaurants and food service providers.

Preparing and storing food properly is important if the program uses catered food. The caterer must be able to answer several questions:

#### **WHERE does the caterer prepare the food?**

The food must be prepared in a licensed facility.

#### **HOW does the caterer transport the food to the program?**

The caterer must protect the food from contamination both during transportation to the program and upon arrival. The covered containers must either be disposable or made of an easily cleanable, non-absorbent, food-grade material.

#### **WHAT is the temperature of the food during transportation to the program and upon arrival?**

The caterer must keep hot food at a temperature above 60°C (140°F) and cold food below 4°C (40°F).

#### **WHAT utensils will the program use to serve and eat the food?**

The caterer must supply an adequate number of clean, sanitized utensils. If the caterer does not supply utensils, the program must have them available as well as the ability to clean and sanitize them.

The program must contact a Food Safety Specialist if the safety or integrity of the food is in question. To contact a Food Safety Specialist, please see: [novascotia.ca/nse/dept/offices.asp](http://novascotia.ca/nse/dept/offices.asp)

## 10.2.6 Food from Home

- Food brought in from homes may be a risk to food safety, because the means of preparation, cooking, temperature and transporting of these foods is not known.
- When medical or dietary needs require a child to bring food from home or if the child is in the school-aged program, this food must be labelled with the child's name and refrigerated if required.
- Food considered to be a low-risk food by Nova Scotia Environment, including whole fruits and vegetables that have not been cut except for the purpose of harvesting and dry non-potentially hazardous baked goods [i.e., those that do not contain cream, custard, cream cheese, meat or any other potentially hazardous food as filling or a topping] may be brought into the program if this is acceptable to the licensee.
- For specific requirements related to food safety, please see the Food Safety Standard, page A15, in the Manual for Food and Nutrition in Regulated Child Care Settings found at the following link: [ednet.ns.ca/earlyyears/documents/providers/Manual-Food\\_and\\_Nutrition.pdf](http://ednet.ns.ca/earlyyears/documents/providers/Manual-Food_and_Nutrition.pdf)

## 10.3 Storing Food

To provide children with safe and wholesome meals, the program must create and enforce proper conditions for storing food. To properly store food, follow these guidelines:

### Refrigerated Foods:

- Check that each refrigerated space has an accurate indicating thermometer.
- Store meats, fish, poultry, and dairy products at a temperature below 4°C [40°F]. Store raw meats, fish, and poultry on the lowest shelf with all cooked ready-to-eat foods stored above.
- Keep frozen food at a temperature below -18°C [0°F].
- Follow the manufacturer's label for storage requirements of other food products.
- Cover or wrap and label all food in refrigerators and freezers—label with the food name, date, and the cook's name.
- Ensure adequate air circulation for even cooling. Do not overstock refrigerators, which could block or prevent air circulation.
- Store raw perishable foods for 2 to 3 days only. Consider freezing if longer storing time is required.

### **Dry Storage (non-refrigerated food):**

- Keep storage areas clean, dry, well-ventilated, and adequately lit.
- Store only food in food storage areas.
- Store food at least 15 cm [6 inches] above the floor on racks or pallets.
- Check that all shelving is made of easily cleanable and non-absorbent material.
- Place open package and bulk foods in sealed and easily cleanable containers to prevent contamination.
- Store insecticides and chemicals in a locked cupboard or room away from food and children.

## **10.4 Cleaning and Sanitizing Utensils**

Dirty utensils can contaminate food. The improper cleaning and sanitizing of utensils can result in unsafe food. Unsafe food can in turn lead to food poisoning.

Clean and sanitize all utensils that touch food before using them. Avoid cross-contamination—do not use a knife to cut raw chicken and the same knife to cut cooked chicken. Properly wash the knife between uses.

A safe method to clean and sanitize multi-service utensils should include either a three-compartment sink or a dishwasher.

For specific details on cleaning and sanitizing, contact a Food Safety Specialist at [novascotia.ca/nse/dept/offices.asp](http://novascotia.ca/nse/dept/offices.asp)

## **11.0 Environmental Sanitation**

Many germs that can cause illnesses survive for a long time on surfaces. Some germs only live for a few hours, while others can live for several days or even weeks. In some cases, it only takes a few germs to cause an illness.

Proper cleaning and disinfecting practices play an important part in preventing illnesses and infections in the program. To have a clean, safe environment, the program must develop and enforce proper cleaning and disinfection policies.

### **11.1 Cleaning**

Cleaning is an important way to remove visible dirt from various surfaces. To remove dirt, rub the surface with a cloth or towel moistened with a household detergent. The rubbing action creates friction and the detergent helps break down fats and proteins.

Cleaning removes some germs from a dirty surface, but does not necessarily remove all of the germs. Certain germs are very resistant to detergents. The only way to remove them is to sanitize the surface properly.

A good way to remember the difference between cleaning and sanitizing is that cleaning gets rid of the dirt you can see, while sanitizing gets rid of most of the germs you can't see.

## **11.2 Sanitizing**

Sanitizing reduces the germs present on a surface or object. Sanitizing should not be done on its own. Always clean before sanitizing as dirt places a great demand on the chemical found in sanitizing solutions and reduces their effectiveness. If sanitizing is done without cleaning, the surface may not be properly sanitized.

Use rubber gloves when sanitizing to avoid contact with corrosive materials that cause skin problems. Always wash hands after cleaning or sanitizing. Wash hands immediately after removing rubber gloves.

## **11.3 Disinfecting**

Disinfection inactivates or kills the germs that may be present on environmental surfaces and that cleaning does not remove. Always clean before disinfecting.

Use rubber gloves when disinfecting to avoid contact with corrosive materials that cause skin problems. Always wash hands after cleaning or disinfecting. Wash hands immediately after removing rubber gloves.

### **Mixing a Disinfectant Solution**

Household bleach is the most commonly used chemical for disinfecting objects and surfaces in programs. It is convenient, readily available, economical, and effective. Undiluted bleach is a corrosive chemical. It is important to dilute it to a working strength. There are a number of other disinfectant and sanitizing products available that are suitable for use in programs. Alternative products to bleach can be used provided that:

- The product has a drug identification number [DIN] for food contact surfaces and pest control product [PCP] registration number for non-food contact surfaces on the label.
- It is effective for its intended use.
- The manufacturer's directions can be followed exactly as printed on the label.

The table below provides instructions on mixing various disinfectant solutions.

**Table 11: Mixing and Using a Disinfectant/Sanitizer**

<b>Using Household Bleach</b> [Original strength approx. 5.25% sodium hypochlorite]		
<b>To Disinfect/Sanitize</b>	<b>Dilution</b>	<b>Method</b>
Bathrooms, diaper change tables, toys, water tables, sleep mats, chairs, general surfaces	Mix 2 teaspoons [tsp] [10 mL] of bleach to each litre of water  Approximately 500 parts per million [ppm] chlorine	<ul style="list-style-type: none"> <li>• Apply to a cleaned surface</li> <li>• Leave on the surface for 2 minutes</li> <li>• Allow to air dry</li> <li>• Surfaces such as diaper change tables and potties can be wiped dry after 30 seconds with a clean, single-use paper towel</li> </ul>
Food contact surfaces, dishes, eating utensils, toys that children put in their mouths	Mix ½ tsp [2.5 mL] – 1 tsp [5 mL] of bleach to each litre of water  Approximately 100 ppm of chlorine	<ul style="list-style-type: none"> <li>• Immerse cleaned object in sanitizer solution for 2 minutes or spray on surfaces and allow to stand for at least 2 minutes</li> <li>• Surface may be wiped with a clean, single-use paper towel</li> </ul>
Surfaces contaminated with blood, feces, vomit, or other bodily fluids	Mix 7 tablespoons [Tbsp] [100 mL] of bleach to each litre of water  Approximately 5000 ppm of chlorine	<ul style="list-style-type: none"> <li>• Apply to a cleaned surface</li> <li>• Leave on the surface for 30 seconds</li> <li>• Allow to air dry</li> <li>• Adequate ventilation must be provided</li> </ul>
<b>Using Quaternary Ammonia Compounds</b>		
<b>To Disinfect/Sanitize</b>	<b>Dilution</b>	<b>Method</b>
Food contact surfaces, dishes, eating utensils, toys that children put in their mouths	200 ppm	<ul style="list-style-type: none"> <li>• Follow manufacturer's instructions</li> </ul>

[table continued on next page]

Using Iodine		
To Disinfect/Sanitize	Dilution	Method
Food contact surfaces, dishes, eating utensils, toys that children put in their mouths	25 ppm	<ul style="list-style-type: none"> <li>Follow manufacturer's instructions</li> </ul>
<p>Directions for mixing disinfectant/sanitizer solutions:</p> <ul style="list-style-type: none"> <li>Use only potable (drinkable) water.</li> <li>Always pour bleach into water.</li> <li>Do not use clear spray bottles or containers because light quickly weakens the strength of the solution.</li> <li>Mix a fresh solution daily. Household bleach solutions quickly lose strength. Discard unused/leftover solutions at the end of the day.</li> <li>Label containers with the name of the solution and its dilution. Follow the requirements of your Workplace Hazardous Materials Information System (WHMIS) program for the labeling and storage of sanitizers.</li> <li>For all other sanitizers or disinfectants, follow the manufacturer's instructions for application strength, contact time and rinsing or wiping.</li> <li><b>DO NOT mix bleach with any other chemicals.</b></li> <li><b>Keep all chemical solutions out of children's reach.</b></li> </ul>		

## 11.4 Clothing

Personal clothing and other items must be stored in individual cubicles (cubbyholes) or on hooks. Personal clothing and items including cloth diapers that have been soiled must not be rinsed in the program and must be placed in a sealed plastic bag to be washed at home.

Wash dress-up clothing each week or more often if soiled.

## 11.5 Furniture and Equipment

To properly sanitize certain furniture and equipment, spray tables and chairs with the sanitizing solution and let the solution sit for at least 2 minutes. Wipe dry with a clean, single-use towel.

## 11.6 Toys

Clean and sanitize infant and toddler mouth toys at least once a day. Clean and sanitize other toys and toys used by older children once a week, or more often if contaminated.

To properly clean and sanitize toys to prevent the spread of germs, follow these guidelines:

1. Wash and sanitize plastic toys as you would for furniture and equipment as discussed above.
2. Moist-wipe toys such as books and puzzles with a sanitizer each week.
3. Launder soft, cuddly toys at least once a week and more often, as required.
4. Store personal toys in the child's cubicle when not in use.
5. Personal toys including stuffed toys that have been soiled must be placed in a sealed plastic bag to be washed at home.

## 11.7 Sandboxes, Water Play and other Sensory Play Areas

Sandboxes and water areas are great places for children to play, but they also are a source for germs. To establish safe play areas, follow these guidelines:

### **Sandboxes:**

#### **Outdoor**

- Cover outdoor sandboxes when they are not in use to prevent access by animals. Check that the lid fits tightly.
- Rake the sand daily and inspect for animal or human feces or urine.
- If animal or human feces is found, empty the sandbox, discard the contaminated sand, clean and disinfect the sandbox, and allow to air dry before refilling it with clean sand.
- If only urine is present, leave the sandbox open to sunlight. Children should not be allowed to use it for 24–48 hours.
- Clean and disinfect sandbox toys at least once a week.
- Replace outdoor sand every 2 years.

## **Indoor**

- Cover the sand table when not in use.
- Discard any sand that has fallen on the floor.
- Throw out the contents and clean and sanitize the sand table 3 times a year or more often if contaminated.
- Clean and disinfect sand table toys at least once a week.

## **Water Play:**

### **Water Play Tables**

- Both staff and children should wash their hands before and after water play.
- The water table should be filled with fresh potable water immediately before use.
- Supervise children and ensure they do not drink the water.
- Drain, clean, and disinfect water play container after each use—at least once a day.
- Clean and disinfect toys used in water play each day.
- Children who have an infection of any kind, or who have open sores or wounds, cannot participate in water play.
- During an outbreak, water play table use should be discontinued.

### **Wading Pools**

- The wading pool should be filled with fresh potable water immediately before use.
- Wading pools should be stored to prevent water collecting in the pool.
- The wading pool must have a depth of less than 12 inches of water.
- Supervise children and ensure they do not drink the water.
- Empty, clean and disinfect the pool after each use.
- Children in diapers cannot participate in wading pool play.
- Children who have an infection of any kind, or who have open sores or wounds, cannot participate in water play.
- During an outbreak, wading pool use should be discontinued.

## **Other Sensory Play Materials:**

- Both staff and children should wash their hands before and after sensory play.



- Sensory play items such as rice, pasta, confetti and others must be discarded once a week or more frequently if contaminated.
- Clean and disinfect the basin when the sensory material is changed.
- During an outbreak, sensory play table use should be discontinued.

## 11.8 Cots and Cribs

Sleeping areas also are a potential source for spreading illnesses. To prevent spreading illnesses, follow these guidelines:

- Assign each crib, cot, or sleeping mat and appropriate linen to a specific child.
- When in use, separate cribs, cots or sleeping mats by at least 46 cm (18 in.), so that children are not able to touch each other. See Day Care Regulations [novascotia.ca/just/regulations/regs/dayregs.htm](http://novascotia.ca/just/regulations/regs/dayregs.htm)
- Ensure each child's linen is separated during storage.
- Store sleeping mats or mattresses (including linen) that are placed directly on the floor in separate plastic bags.
- Launder all linen each week.
- Launder linen and clean and disinfect cots, cribs, crib mattresses, or sleeping mats contaminated with feces, urine, or other bodily fluids immediately and before assigning to another child.

## 11.9 Washrooms

Proper cleaning and sanitizing is crucial in washroom areas to avoid spreading illnesses. See Appendices [G](#) & [H](#) for more information on the proper procedure for toileting.

To properly clean and disinfect the washroom, follow these guidelines:

- Wear gloves as a personal protection from cleaners.
- Clean and disinfect the washroom including faucets, sinks, and toilet seats at least once each day, and more often as necessary.
- Start from the highest areas and move to the lowest areas—from the ceiling down to the floors. This way, you work on the least soiled areas first and the most soiled areas last.
- Ensure adequate supplies of toilet paper, liquid soap, and paper towels in dispensers.

## 12.0 Pets

Pets are a potential source of infection in the program. It is preferable not to have pets in the program. If the program chooses to keep a pet, follow these guidelines:

- Ensure that all pets are healthy, with proof of vaccination from a veterinarian.
- Ensure that children and staff wash their hands after handling or feeding pets.
- Supervise children closely when they are handling pets.
- Pets should have their own area for sleeping and eating where they will not be disturbed.
- Pets should not be in the kitchen, eating areas or in the children's outdoor play area.
- Litter boxes should be in an area that is not accessible to children.
- Clean pets' living quarters as necessary. Do not allow children to help.
- Store pet food in a safe place away from the children's food.
- Acceptable pets may include fish, gerbils, pet rats, and pet mice.
- Unacceptable pets include ferrets, lizards, snakes, turtles, psittacine birds (birds belonging to the parrot family), baby chicks or any wild or dangerous animals.

# Hand Washing!



**Wash all parts of your hands:**

- The backs
- Between fingers
- Under nails
- Thumbs

**Wash your hands:**

- Before eating
- After using the toilet
- Before, during and after cooking
- After changing diapers
- After handling soiled items such as bed linen, commodes, clothing, and toys
- After petting animals

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**Washing your hands with soap and water is the best way to reduce the spread of germs.**

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## Appendix B: Proper Hand Washing Procedure for Infants

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To ensure proper hand washing for infants, follow these steps:

1. Clean the infant's hands thoroughly with a damp paper towel, moistened with liquid soap.
2. Rinse the infant's hands (from wrists to fingertips) using a fresh paper towel, moistened with clear water.
3. Dry the infant's hands with a fresh paper towel.
4. Turn off the faucet using a paper towel and throw out the towel.
5. Wash your own hands.

**Please note: If the program is on a boil order, it is necessary to use boiled water (that has been cooled) for hand washing.**

## Appendix C: Proper Hand Washing Procedure for Toddlers and Preschoolers

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To ensure proper hand washing for toddlers and preschoolers, follow these steps:

1. Wet the child's hands.
2. Squirt a drop of liquid soap onto the child's hands.
3. Help wash all areas of the child's hands, such as palms, wrists, thumbs, etc., for about 20 seconds (e.g., about the length of the ABC song or the Happy Birthday song sung twice) by continuously alternating back and forth between the hands, to adequately wash all surfaces.
4. Dry the child's hands with a paper towel.
5. Turn off the tap with a paper towel.

**Please note: If the program is on a boil order, it is necessary to use boiled water (that has been cooled) for hand washing.**

## Appendix D: Proper Hand Washing Procedure for Staff

To ensure proper hand washing procedure all staff must follow these steps:

1. Remove all rings and watches prior to moistening your hands with water.
2. Moisten hands with water and apply a heavy lather of liquid soap.
3. Wash all hand surfaces for about 20 seconds by continuously alternating back and forth between both hands [approximately 10 times], ensuring that all surfaces are washed including wrists, back of hands and between fingers. If a nailbrush is to be used, a separate hand washing without the brush must follow.
4. Rinse hands under running water [from wrists to fingertips].
5. Use a fresh paper towel to dry hands.
6. Turn off the faucet using a paper towel and throw out the towel.

### **You must wash your hands:**

#### **BEFORE:**

- commencing work
- preparing food or eating
- feeding any child
- changing an infant or toddler's diaper
- applying first aid
- giving medication or applying ointment

#### **AFTER:**

- changing a diaper
- applying sunscreen or topical medications
- blowing a child's nose or wiping a child's nose with a tissue
- using the toilet or taking a child to the toilet
- caring for an ill child
- feeding or giving medication
- cleaning bodily fluids [e.g., blood, feces, vomit, pus]
- removing gloves
- handling pets and/or pet cages
- removing soiled clothes [e.g., boots, coats]
- wiping your own nose or sneezing into a tissue
- handling any raw meats, fish, poultry, fruits and vegetables during meal preparation

**Please note: If the program is on a boil order, it is necessary to use boiled water [that has been cooled] for hand washing.**

## Appendix E: Proper Procedure for Using Disposable Gloves

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You should wear disposable gloves when there is the chance of infection transferring to you during care activities. This is especially important when the child has diarrhea. However, it is good practice to always use disposable gloves during diaper changing.

If you wear disposable, single-use gloves remember a few very important rules:

You must:

- Never use gloves as a substitute for hand washing.
- Wash your hands after wearing gloves.
- Wear gloves on both hands.
- Wear a new pair of clean gloves to perform caregiving activities for each child.
- Remove gloves and wash your hands when going from a 'dirty' to a 'clean' procedure (e.g., from changing diapers—a dirty procedure—to helping wash the child's hands—a clean procedure).

## Appendix F: Proper Procedure for Changing Diapers

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To establish a proper diaper changing procedure, you should:

1. Wash your hands with soap and water before each diaper change; do not use just hand sanitizer between changes.
2. Assemble all necessary supplies before starting (e.g., fresh diapers or clothes, towelettes and/or paper towels).
3. Hold the child away from your body and place the child on a clean table or change pad and remove the dirty diaper. Fold the diaper surface inward and set it aside. Never place safety pins in your mouth or within reach of the child.
4. Clean the child's skin with a moist disposable cloth or towelette, wiping the child's bottom from front to back. Remember to wash in the creases in the child's skin.
5. Diaper and dress the child.
6. When cloth diapers are used, flush formed stool down the toilet (avoid splashing).
7. Throw out disposable diapers and towelettes in the plastic-lined waste container. Place cloth diapers in a covered, lined diaper pail. **DO NOT RINSE CLOTH DIAPERS.**
8. Wash your hands.
9. Clean the change table/pad and spray a disinfection solution (**1:100** household bleach) over the entire surface of the diaper change table after each use. Let the spray sit for a minimum of 2 minutes or follow the manufacturer's instructions for dilution and contact time if using another disinfectant.
10. Once the sanitizer has had contact time of 2 minutes, dry the change table surface with single-use paper towels and throw them out.
11. **WASH YOUR HANDS AGAIN THOROUGHLY.**
12. Record unusual skin conditions or bowel movements.



## Appendix G: Proper Procedure for Toileting Using a Toilet

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To develop a proper toileting procedure for toddlers, you should follow these steps:

1. Remove the diaper (see [Appendix F](#) for the proper diaper changing procedure).
2. Place the toddler on the toilet.
3. Wipe the toddler's bottom from front to back and teach the toddler to do the same. This reduces the chance of urinary tract contamination.
4. Flush the toilet or allow the toddler to flush it.
5. Diaper and help dress the toddler as necessary.
6. Help wash the toddler's hands.
7. If soiled, clean the toilet seat or toilet trainer seat and spray a disinfectant [**1: 100** household bleach solution] over the entire surface of the seat. Let the spray sit for at least two minutes or follow the manufacturer's instructions for dilution and contact time if using another disinfectant.
8. Remove and throw out gloves and WASH YOUR HANDS.
9. Once the sanitizer has had contact time for two minutes, dry the toilet seat or toilet trainer seat with single-use towels and throw them out.
10. WASH YOUR HANDS AGAIN THOROUGHLY.
11. Record unusual skin conditions or bowel movements.

## Appendix H: Proper Procedure for Toileting Using a Potty

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To develop a proper toileting procedure for toddlers, you should follow these steps:

1. Remove the diaper (see [Appendix F](#) for the proper diaper changing procedure).
2. Place the toddler on the potty.
3. Wipe the toddler's bottom from front to back and teach the toddler to do the same. This reduces the chance of urinary tract contamination.
4. Diaper and help dress the toddler as necessary.
5. Help wash the toddler's hands.
6. Rinse the potty and flush contents down the toilet.
7. Wear gloves and use toilet paper to remove remaining stool.
8. Clean the potty and spray a disinfectant (1: 100 household bleach solution) over the potty's entire surface. Let the spray sit for at least 2 minutes or follow the manufacturer's instructions for dilution and contact time if using another disinfectant.
9. Remove and throw out gloves and WASH YOUR HANDS.
10. Once the sanitizer has contact time for 2 minutes, dry the potty with single-use towels and throw them out.
11. Return the potty to storage.
12. WASH YOUR HANDS AGAIN THOROUGHLY.
13. Record unusual skin conditions or bowel movements.

## Appendix I: Proper Procedure for Cleaning Blood or Bodily Fluid Spills on Surfaces

Spills of bodily fluid should be cleaned up and surfaces disinfected immediately.

### To safely clean up these spills on hard surfaces:

1. Wear disposable gloves when cleaning up spills and consider using a gown, mask or eye protection if concerned about splashes.
2. Remove and dispose appropriately any broken glass or sharp objects that may be present in the spill.
3. Wipe up the spill using disposable rags or paper towels\*\*.
4. Dispose of the rags or towels in sealed plastic bags and place them in a covered container.
5. Clean the area with soap and water and rinse with clean water.
6. Disinfect the area with a 1:10 solution of household bleach for a contact time of at least 30 seconds or follow the manufacturer's recommendation for dilution and contact time for another disinfectant.
7. Allow the area to air dry. Ensure the area is well ventilated.
8. Remove gloves [gown, eye protection, mask if used] and wash your hands immediately.

\*\* If a mop is used to clean up the spill it should be cleaned, rinsed in a disinfecting solution, and hung to air dry.

### To safely clean up these spills on carpets:

1. Wear disposable gloves when cleaning up spills and consider using a gown, mask or eye protection if concerned about splashes.
2. Remove and dispose of appropriately any broken glass or sharp objects that may be present in the spill.
3. Wipe up the spill using disposable rags or paper towels.
4. Dispose of the rags or towels in sealed plastic bags and place them in a covered container.
5. Disinfect the area with a disinfectant designed for use on carpet following the manufacturer's recommendation for dilution and contact time.
6. Arrange for the carpet to be steam cleaned.

## Information about visiting Agricultural Fairs, Zoos, Petting Zoos and Farms

Visits to farms, agricultural fairs and petting zoos provide an enjoyable experience and play a valuable role in educating children about animals. Unfortunately, many children become sick each year because of a visit to an animal exhibit. It is important to remember that animals may carry germs that can be harmful to people. Below are some tips to ensure children do not become ill from visiting animal exhibits.

### Preparation for the visit

- Bring handwipes and hand sanitizer for cleaning hands; handwashing facilities may not be readily available.
- Discuss safety precautions with children prior to the visit.
- Discuss with children the importance of handwashing after handling or touching the animals and before eating.

### Precautions while visiting

- Ensure children are supervised while in the animal area.
- If the children are eating snacks or lunch, ensure it is in a designated eating area where animals are excluded. Be sure children wash their hands prior to eating.
- Do not drink unpasteurized milk or unpasteurized apple cider
- Do not eat the animal food
- Do not kiss the animals
- Ensure that children do not climb on the animal enclosures
- Report any sick or aggressive animals to the people in charge. Ensure that a health care provider is consulted regarding any biting incidents.
- Do not pick up anything from the ground in or around the animal pens.
- Baby bottles, pacifiers and toys should not be brought into the animal areas. Stroller trays should be properly cleaned after leaving the animal area.
- Discourage hand-mouth activities ( fingers, toys, pencils)

### Most Important

- Everyone should wash their hands thoroughly
  - After touching the animals
  - After leaving the animal areas
  - Before eating



## Appendix K: Exclusion Guidelines for Ill Children

A child should be excluded and sent home from a program if any of the following conditions are noted:

- an illness that prevents the child from participating comfortably in the program activities, including playing outdoors
- an illness that results in a need for care that is greater than the staff can provide without compromising the health and safety of other children
- fever in a child younger than 6 months
- fever AND other symptoms (sore throat, vomiting, diarrhea, earache) or behaviour change in children older than 6 months
- sudden change in patterns of behaviour:
  - listlessness or excessive sleepiness
  - excessive fussiness or crankiness
  - difficulty breathing
  - persistent cough
- diarrhea: 2 or more episodes or diarrhea with fever, vomiting or blood in the stool
- vomiting: 2 or more episodes
- severe abdominal pain or abdominal pain with any other symptoms of illness
- rash AND fever or other sign of illness
- has a wound that cannot be covered
- yellowish skin or eyes, or “jaundice”

**For recommended exclusion periods for reportable diseases ([novascotia.ca/dhw/cdpc/documents/06026\\_ItsTheLawPoster\\_En.pdf](https://novascotia.ca/dhw/cdpc/documents/06026_ItsTheLawPoster_En.pdf)) please contact your local public health office. See page 16 for contact information.**

**For recommended exclusion period for non-reportable, commonly found childhood infections such as impetigo and conjunctivitis, please refer to the Canadian Paediatric Society website at [caringforkids.cps.ca/wellbeings/managing\\_infections.pdf](https://caringforkids.cps.ca/wellbeings/managing_infections.pdf)**

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