A CHILD’S WORLD,
FAMILY CHILD CARE SERVICES OF NIAGARA

PARENT

HEALTH POLICY MANUAL

AND

RESOURCE BOOKLET

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A CHILD’S WORLD HEALTH POLICY

SECTION 1

As child care providers, health care professionals and parents we share the common goal and responsibility of keeping children healthy. With this in mind, A Child’s World has put together this health policy and resource booklet.

This manual is in compliance with the legislation and/or rules of:

* The Day Nurseries Act and Regulations
* The Health Protection and Promotion Act
* The Regional Niagara Public Health Department, Health & Safety Manual.

Additionally, there are statements that reflect the operating procedures of A Child’s World.

We hope you find the information in this manual helpful. The illnesses that are discussed in this policy manual are the most common ones seen in child care centres. Each centre has a copy of the ‘Health and Safety Manual’ distributed by the Niagara Regional Public Health Department that covers many more illnesses. For more information regarding Communicable Diseases and the spread of infection please see your Site Supervisor.
SECTION 2

A CHECKLIST FOR PREVENTING DISEASE AND PROTECTING YOUR CHILD

1. Exchange important information with your Site Supervisor when you register your child:
   - Provide current home, business and emergency contact numbers and inform the centre in writing, immediately of any changes.
   - Provide detailed written information regarding medications or allergies.

2. Be sure your child receives all immunizations on schedule.

3. It is the parent’s responsibility to have alternate child care arrangements when your child is sick. The child care centre cannot provide care for children who are ill.

4. Inform your site supervisor if your child has been exposed to the following contagious diseases:
   - Bacterial Meningitis
   - Chicken Pox
   - Diarrheal diseases such as Shigella, Campylobacter, Salmonella, Giardia, and E. Coli
   - Hepatitis A
   - Measles/Mumps/Rubella (German Measles)
   - Pertussis (Whooping Cough)
   - Head Lice

5. Keep your child at home if he/she develops any symptoms of illness:
   - Consult a physician if your child has diarrhea, severe coughing, difficult or rapid breathing, yellowish skin or eyes, unusual spots or rashes on the skin, sore throat with a high fever, headache and stiff neck, or unusual behavior.
   - Keeping your sick child at home will help break the cycle of illness.
6. Keep your child at home and inform the centre if he/she is diagnosed as having any of the following contagious diseases:

- Chicken Pox
- Diarrhea
- Head Lice
- Vomiting
- Rashes
- Bacterial Meningitis
- Fever
- Pink Eye

As well, it is important to keep your child at home when the following signs of illness are evident:

- Fever (anything over 100 DEGREES FAHRENHEIT) (37.77 CELSIUS)
- Undiagnosed skin rashes
- Vomiting/diarrhea
- Red or discharging eyes or ears
- Unusual irritability, fussiness or restlessness
- Acute cold, nasal discharge or coughing

7. Your Site Supervisor will inform you if a communicable disease occurs in the centre.

8. The Niagara Regional Health Department may declare an outbreak of a specific illness if they find the number of cases of illness to be extreme. If an outbreak is declared the Health Unit will provide further direction.

THE BEST APPROACH TO DISEASE PREVENTION IS THROUGH CLOSE CO-OPERATION BETWEEN YOU, YOUR PHYSICIAN, THE SUPERVISOR AND THE STAFF IN YOUR CHILD’S CENTRE.
SIGN & SYMPTOMS

GENERAL SIGNS OF COMMUNICABLE DISEASES:

- Vomiting and diarrhea
- Fever, flushing pallor or listlessness
- Acute cold, nasal discharge or coughing
- Undiagnosed skin rashes
- Red or discharging eyes or ears
- Unusual irritability, fussiness or restlessness

IF YOUR CHILD BECOMES ILL WHILE IN OUR CARE, THE CENTRE WILL:

- Isolate your child from the other children
- Notify the parent that their child is ill and it is necessary to pick the child up immediately
- Notify other parents in the centre when exposure to a communicable disease has occurred
- Observe exposed children who have not had the disease for symptoms during the incubation period.

MANY COMMUNICABLE DISEASES ARE AS CONTAGIOUS BEFORE THE ONSET OF THE SYMPTOMS. FOR THIS REASON PARENTS MUST KEEP THEIR CHILD AT HOME WHENEVER THEY APPEAR TO BE ILL.

OUTDOOR PLAY:

The Day Nurseries Act states that outdoor play must be provided for all children for at least one hour in the morning and one hour in the afternoon each day. In order to comply with this legislation, the children go outside everyday weather permitting. Your child should be kept home until such time as they are well enough to participate in the daily program including outdoor play.
ADMINISTERING OF MEDICATION

If it is necessary for the Supervisor or designate to administer medication to your child while in the centre, the following procedure must be followed in order for the medication to be dispensed:

- A daily medication administration authorization form must be completed. If the parent fails to complete this form, the medication will not be administered on that day.
- The medication must be in its original container in which it was received from the Pharmacist.
- The label on the prescription container must clearly state:
  * The name of the medication
  * Your child’s name
  * The exact dosage and frequency that the medication is to be administered
  * The name of the prescribing physician and the pharmacy name, address and telephone number.

PAIN AND FEVER MEDICATIONS

If your child requires pain medications such as Tempera or Tylenol it can be brought in that day and a daily medication administration form must be completed. A label completed by the Supervisor or designate will be attached to all non-prescription medications in their original container with:

- The name of the medication
- Your child’s name
- The exact dosage and frequency that the medication is to be administered
- The expire date
- Storage instructions

The Niagara Regional Public Health Department has given direction that:

- Medication must be age appropriate and dispensed according to package directions
- Outdated medication will not be administered
- All medications are to be kept in a locked designated area
• Pre-mixed medications (eg: with juice or milk) will not be administered
• Medication can only be in the centre when actively being used

NOTE: WHENEVER POSSIBLE, YOU SHOULD ADMINISTER MEDICATION AT HOME. BOTH PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS MUST BE TAKEN HOME AT THE END OF EACH DAY.
PROMOTING GOOD HEALTH

The childcare staff do:

* Disinfect toys, shelves and counter tops on a daily and/or weekly basis depending upon the age group and the level of illness within the centre
* Open windows daily to provide good air circulation
* Follow appropriate hand washing techniques
* Notify parents promptly when a child displays symptoms of ill health.
* Avoid the centre when they are ill.

The childcare staff help your child by:

* Encouraging, guiding and practicing appropriate hand washing with all the children in the centre
* Guiding and supporting children with proper nose wiping techniques
* Providing a balanced selection of foods throughout the day that promote good health and good dental hygiene
* Ensuring that children are dressed appropriately for outside play (Please note: the childcare staff rely on the parents to make sure the proper clothing is available for the child.)
* Separating children who are ill from their peers
* Following appropriate First Aid techniques
* Notifying all families regarding contagious illnesses or outbreaks in the centre

The childcare staff encourage parents to take an active role in the health of their child by:

* Practicing hand washing techniques at home
* Demonstrating for your child how to cover their mouth and turn away when coughing
* When appropriate, assisting your child in learning how to wipe and blow their nose
* Opening the windows in your home for 15 minutes each day
* Ensuring your child receives lots of rest and good nutrition at home as these are key factors for a healthy immune system.

When your child is feeling under the weather, but is not displaying obvious signs of illness, it can be difficult to decide whether they need a day of rest at home or will perk up once the day has begun. We can appreciate this dilemma. Your child’s well being is of equal importance to the child care staff. While the children are in our care we strive to provide a program that will benefit each individual child. For your child to participate in their group and to feel good they need to be able to enjoy all aspects of the program including outdoor play, cooperative activities, mealtimes and spontaneous play opportunities.
Generally children who are beginning to get ill are at their “best” first thing in the morning. Participating in a busy day at the centre can be very stressful for a sick child. Your child’s well being is a priority for us and we will notify you promptly of any changes in your child’s health.

RASHES

There are many kinds of rashes in children and most are not caused by infection. When you are registering your child please inform the Supervisor of chronic or recurrent rashes so that we won’t worry unnecessarily when assessing your child for illness.

* Many infectious rashes are mild and very common.
* Coughing, sneezing, or breathing spreads most rashes before the rash is apparent.
* When a rash occurs in conjunction with fever, infection is the likely cause.

Only a doctor can diagnose a rash. Children with rashes will be excluded from the centre until the rash is gone or there is a doctor’s note indicating the rash is not contagious.

CHICKEN POX

Chicken Pox is spread by direct contact with an infected child before the symptoms appear. They are spread mainly through the air by direct contact with droplets from the nose and throat, or indirectly through articles soiled by discharge from vesicles.

* Chicken Pox is most infectious 1-2 days before the rash appears.
* If your child has been in contact with another child who has chicken pox watch for symptoms of a cold or a rash with slight fever.
* The rash of chickenpox resembles small blisters and usually appears on the body, chest and upper back 14-21 days after exposure.

Children with chicken pox are excluded from the child care until all the spots have scabbed over.

SORE THROAT

A sore throat is usually a sign of infection, which can be spread. Children should not be in the child care centre with a sore throat.

* A doctor should be consulted concerning evaluation and treatment of a child with a sore throat.
* Your child can return to the centre 24-48 hours after they have started treatment provided they can fully participate in the daily program including outdoor play.
SECTION 5 (Cont’d)

FEVER

A fever is usually a sign of infection. Children with a fever of 100°F or higher, need to be kept home. If your child has a fever that reaches 100°F while at the centre your Site Supervisor will call you to arrange for immediate pick up. Children can return to the centre when they are fever free. **Please Note: If your child requires medication to reduce the fever they need to be kept home.**

COLDs

More serious infections can start out as a cold. If your child has a continuous cough they should be kept home to help stop the spread of infection. Contact your physician if your child shows any of the following signs:

* Fever higher than 100°F (37.77 Celsius)
* Earache
* Skin rash
* Rapid or difficult breathing
* Persistent coughing
* Excessive sleepiness
* Excessive crankiness

PINK EYE

Pink eye is highly contagious. 24 hours after treatment has started the child may return to the centre. Only a doctor can diagnose pink eye so please take your child to a doctor if:

* The whites of the eyes are reddened with a discharge
* Sometimes the lids are swollen and stuck together

EARACHE

A child with an earache or drainage from the ear should not attend child care until after they have seen a doctor. This is usually a sign of infection and only a doctor can diagnose.

- If medication is prescribed your child can return to the centre 24 hours after the first dose provided they are able to fully participate in the daily program including outdoor play.
SECTION 5 (Continued)

VOMITING

A child who has been vomiting throughout the night or in the morning should not attend child care.

* The child may return to child care 24 hours after their last episode of vomiting provided they can fully participate in the program including outdoor play, unless there is an outbreak in the centre then they cannot return to the centre for 48 hours.

DIARRHEA

The causes of diarrhea can be infectious or non-infectious. Only a doctor can determine the cause of infectious cases through examination and tests.

* If your child has more than one case of diarrhea while at the centre we will call you to pick your child up immediately.
* A child with unexplained diarrhea should not be attending the centre until 24 hours after symptoms stop or a medical explanation has been obtained.
* If there is an outbreak of diarrhea in the centre the affected child will be excluded from the centre until 48 hours after symptoms stop.

NOTE: INFANTS AND TODDLERS CAN BECOME CRITICALLY ILL WITH SEVERE DIARRHEA BECAUSE FLUID LOSS LEADS TO DEHYDRATION.
SECTION 6

ALLERGIES

If your child has any allergies it is important that you inform the centre upon registration. An ‘Emergency Action Plan’ is required by the centre and should include the following:

* What your child is allergic to
* What type of reaction should be expected from the child
* What immediate response is needed by the staff
* Updated phone numbers for your place of employment and an alternate contact person.

If your child requires an Anti-Histamine medication for an allergic reaction please be sure that there is one that can be left at the centre. This will be kept with your child’s group at all times. It is your responsibility to know the expiry date for the medication and replace it before the expiry date. Your Site Supervisor will provide you with a release form to sign authorizing administration of the allergy medication.

NOTE: ALL CENTRES OF A CHILD’S WORLD ARE PEANUT AWARE

Children with a Peanut Allergy that are exposed to peanut products, including items that may have been made in a place where peanut products are used may present a life threatening situation for those children. Also, many infants and toddlers have not yet been introduced to peanut products. For this reason no food items of any kind will be accepted into the centre. This will eliminate the chances of a serious incident involving a food allergy. The centres offer nutritious snacks in the morning and afternoon as well as a hot nutritious lunch.
SECTION 6 (cont’d)

ANAPHYLAXIS POLICY

PURPOSE:
The risk of exposure to anaphylactic causative agents of individuals regularly in A Child’s World’s centres. This procedure aligns with Sabrina’s Law, 2005 legislation.

INTENT:
Anaphylaxis is a serious allergic reaction and can be life threatening. The allergy may be related to food, insect stings, medicine, latex, exercise, etc. This policy is to help support the needs of a child with a severe allergy, diagnosed by their Health Physician, that could be life threatening. The policy will also provide information on anaphylaxis and awareness to parents, staff, students and visitors of A Child’s World.

POLICY:

1) As a communication plan for providing information on life threatening allergies, including anaphylactic allergies an Anaphylaxis Emergency Plan will be put in the child’s file and posted in each playroom, food prep area, eating area, washroom (if appropriate), and office area.

2) An individual plan will be developed with input from the child’s parent or guardian and/or the child’s physician, for each child. The Anaphylaxis Emergency Plan will be used to capture all relevant information including emergency procedures in the event of exposure to allergens. Any medication to be administered must be prescribed by a doctor and be current.

3) The parent will sign to show they consent to the method by which staff are trained to administer emergency medication and identify how that training was provided, e.g. the parent, a doctor, a nurse, through Red Cross Emergency training, etc.

4) All participants in the program – staff, students, volunteers – will review the Anaphylaxis Emergency Plan for each child before they begin employment, participation or placement and annually thereafter. Staff or a designate will provide training to students/volunteers.

5) Management staff will ensure each child’s Anaphylaxis Emergency Plan is reviewed by the parent at least every year to ensure it remains current with revisions completed as needed.

6) Any changes to the Anaphylaxis Emergency Plan will require a new form including an updated photo.

7) Photos must be updated yearly.

8) The staff will review A Child’s World’s Anaphylaxis Policy yearly.

9) Administering of medication is on record in the centre log book and a serious occurrence will be filed if necessary.
SECTION 7

BITING

As your child grows they may experience biting in some way or another. Many children experiment with biting. Some children just want to see what it feels like to bite someone. Others may be reacting to the discomfort of teething. A bite may or may not be associated with an angry mood. A number of young children bite because they are over stimulated, under stress, or frustrated and angry. Young children can’t always find the words to express their strong feelings. At times there may be a clear relationship between a particular stress and the biting behaviour. Parents and child care staff may have to play detective to determine exactly what is behind the biting. Together we will try to figure out when the biting occurs and what leads up to it. When biting occurs at the centre the staff will:

* Step in with a quick and appropriate response
* Remove the biter from the situation, letting the child know that biting is unacceptable
* Help determine what is causing the biting
* Share techniques we use to stop the biting from occurring
* Share articles surrounding biting with the parents

If your child is bitten while at the centre the staff will:

* Clean the bitten area with soap and water
* Apply ice or a cold cloth to the bite
* Call to inform you of the bite
* Inform the parent of the child who bit

Please keep in mind that some children go through a biting phase; it’s quite normal, and it isn’t anyone’s fault. The most common reason for biting seems to be frustration. Toddlers are just developing verbal language skills so they often communicate physically. They point, they push, they shove and they bite. They may understand that other children cry when they bite them, but they don’t really understand that it hurts that child.
SECTION 8

HEAD LICE

Head lice are an infestation of the scalp by a tiny parasite. The parasites do not pose a health hazard, although they cause uncomfortable itching. They are easily passed from one child to another by direct contact or by contact with personal items. Head lice have nothing to do with the cleanliness of a child’s home or hair.

WHAT TO DO ABOUT HEAD LICE

If you suspect head lice, examine the scalp carefully, looking for tiny, dark coloured or white nits (eggs). When checking the hair and scalp use a bright light (e.g. In a well lit area close to a window so you have natural light). Part the hair in small sections with comb or toothpick and look at the scalp and hair shafts, especially behind the ears and back of the neck. A magnifying glass may be helpful. You may see the lice; however, more often you see the eggs. If you find evidence of head lice, please notify your Site Supervisor. Treat your child with a medicated shampoo designed for the treatment of head lice. (Your pharmacist can help you choose) Comb small sections of hair with the comb provided, being sure to remove all eggs so that they do not hatch. (Please see the attached pages for more “facts of lice.”)

When a child is found to have head lice the following steps will be taken by the Child Care Centre:

1) We will contact the parent to pick the child up from the centre.
2) Until the parent arrives, we will tie the child’s hair back, or have them wear a hat.
3) A check of all staff and children’s hair will be conducted.
4) The parent will receive a Head Lice Information Sheet.
5) The staff will notify all parents that a case of head lice has been found in the centre by posting a notice on the message board. Privacy will be maintained.
6) All bedding will be washed in hot water and dried in the dryer.
7) The child can return to the centre when the following steps have been completed:

*The child has had the treatment
*The child is completely free from nits
*A staff member has rechecked the child’s head
8) If, after 10 days, lice are found in the child’s hair again the above procedure is to be repeated. Your Site Supervisor can request proof of purchase of the shampoo.

**PREVENTATIVE ACTIONS:**

All centres within A Child’s Word take special precautions to contain the spread of head lice. We discourage the sharing of combs, brushes, hats and scarves, we provide individual resting cots, bedding and face cloths for the children. The carpets in our centres are vacuumed daily.

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**Facts of Lice**

**What are head lice?**

Head lice are tiny bugs that live only on the scalp of human beings. They are the size of a
pinhead. They do not have wings so they cannot fly or jump and they are not found on cats, dogs, or any other household pet. The bites from head lice cause itching and scratching. Scratching may cause sores which can get infected.

Lice lay eggs on the hair. These eggs are also called nits. Live eggs may be dark. They can also be the colour of the hair they are on. Nits are half the size of a pinhead. They stick to the hair and do not fall off if you touch them. After the eggs have hatched, the shells are white. These empty shells stay on the hair, as the hair grows.

**How are Lice Spread?**
Anyone can get head lice. School children get lice more often than adults. When children play, their heads often touch. Lice crawl from head to head. They may also be spread by the sharing of brushes, hair bands, and hats.

**How do I check for Lice?**
Use a bright light. Use a magnifying glass if you have one. Spread the hair with a comb and look at the scalp. Lice crawl very fast, but they do not fly or jump.

Look for eggs on the hair close to the scalp. Lice like to live in warm spots. They are often found on the hair behind the ears or where the hair meets the neck. Look for open sores and scabs on the head. Check all the people that live in your house.

**What do I do if someone in my family has head lice?**
If you find lice, tell close contacts such as family members, friends and classmates so they can be checked for lice. Everyone in the house with lice will need to be treated at the same time.

**How do I treat head lice?**
There are many head lice products. Some of these are R&C Shampoo and SH-206 Shampoo. Homemade remedies are not recommended. There is no evidence that they work. Talk to a pharmacist about the best product to use. Read all instructions carefully and follow them step by step so that the product will work. Some products say that only one treatment is needed. But, no lice product kills all of the eggs, so a second treatment 7 - 10 days after the first treatment is needed. This will kill the newly hatched lice.

Call your doctor or pharmacist before you use any product if.

* Anyone has allergies of any kind, especially to mums, chrysanthemums, ragweed, synthetic pyrethroids, etc.

**FACTS OF LICE (Cont’d)**

* You are pregnant or breast feeding and you need treatment or you need to treat other people (Contact Motherisk at (416) 813-6780)
Your child is under 2 years old
You find lice on eyebrows, eyelashes or beard
The skin of the scalp is broken or infected.

How do I get rid of all of the eggs?
Removing eggs after the treatment makes it easier to see new lice.
> Sit under a bright light
> Let your child watch television, a video program or read to keep busy
> Comb the hair to get rid of tangles. Hold a small lock of hair and comb the other hair out of the way. Pin long hair away from the piece you are working with.
> Slide each egg off the hair using your thumbnail and fingernail. Put the eggs in a bag to throw away when you are done. After taking all the eggs off a lock of hair, move to the next section. Pin back long hair or make small ponytails to keep the clean hair away from the hair you have not done yet. Keep sliding eggs off until you remove all the eggs.
> Check the hair 2 times a week for 4 weeks to make sure all the eggs are gone.
> To make eggs easier to remove first soak hair in equal parts of water and white vinegar and apply a damp towel soaked in same solution for 15 minutes. This may be done prior to lice treatment shampoo or 24 hours after treatment.

Do I need to wash or clean anything else?
Wash combs, brushes, hats, pillow cases and towels in hot water and dry in a dryer for 20 minutes to kill lice and eggs. Vacuuming is helpful, but special sprays are not needed on furniture or floors. Lice live only a short time away from the head.

Who do I call if I have questions?
Regional Niagara Public Health Department - Healthy Kids & Teens Call Line 688-3762 or 1-800-263-7248 Ext. 556

Visit our Web Site for more information at... www.regional.niagara.on.ca

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SECTION 9

PETS & ANIMALS
For the well being of all children no animals are to be in the centre unless a visit has been arranged by the Supervisor. If animals are part of the child care centres routine on a regular basis the Niagara Regional Health Department and the Day Nursery Act states:

* Animals will be confined to pens or cages
* Staff will be responsible for feeding the pet and cleaning the cages
* Staff and children will wash their hands thoroughly after contact with the animal, its cage or its food.
* Dogs and cats must have current RABIES vaccination certificates.

SECTION 10

EMERGENCY PHONE NUMBERS

NIAGARA HEALTH SYSTEM 905-688-2980

POISON INFORMATION CENTRE 1-800-268-9017
A Child’s World has compiled this Health Policy and Resource Booklet full of information around common illnesses found in child care centres.

This booklet is for your records.
Please keep it with your Policy and Procedure Manual.

Please return this signed form to the child care centre.

I ACKNOWLEDGE RECEIPT OF AND AGREE TO ABIDE BY THE HEALTH POLICIES AS SET OUT BY A CHILD’S WORLD, FAMILY CHILD CARE SERVICES OF NIAGARA.

PARENT SIGNATURE: ________________________________

DATE: ________________________________

RETURNED TO THE CENTRE ON: ________________________________

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