



# Healthy Child Care, Healthy Child

**A Guide to Promoting Health and Preventing Illness  
in Early Learning and Child Care Settings**

Government  
of Alberta 

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# Introduction

Due to the nature of their play and their lower resistance to infection, children are generally more susceptible to illness. As a result, licensed and approved child care programs are required to have documented policies and procedures in place that cover health and safety requirements as well as the administration of medications.

This booklet has been created to help child care staff establish those policies and procedures for their own programs by providing information on:

- Preventing the spread of infection;
- Responding if a child in the program does become ill; and
- Managing medical conditions and illness that may arise.

By following some of these simple practices and promoting healthy habits, child care professionals can play a crucial role in preventing the spread of infection and illness among the children under their care.



Prevent

## How to prevent the spread of infection

During the most contagious phase of an illness, a person often will not feel any symptoms. This makes prevention key to stopping the spread of infection. The following routines will help prevent the spread of infections and other communicable diseases in licensed and approved child care settings.

## Hand washing

**Proper and frequent hand washing is the most effective way to prevent the spread of germs. Always practice the following hand washing techniques:**

1. Wet hands with warm water;
2. Lather with soap (preferably liquid soap) and thoroughly scrub all parts of the hands, fingers, nails, and wrists for at least 20 seconds. Time hand washing with singing the song “Twinkle Twinkle Little Star”;
3. Rinse thoroughly under warm water;
4. Dry using a disposal paper towel (throwing the towel into the garbage when finished);\* and
5. Use a separate paper towel to turn off the taps, and dispose of it in the garbage when finished.

\*If non-disposable hand towels are used, they must be washed everyday and each child must have a designated hand towel.

**Child care professionals should be role models for the children and always wash their hands as necessary, including in the following circumstances:**

- Upon arrival at work;
- Before and after handling food, eating, and feeding a child;
- After going to the washroom and/or assisting a child to go to the washroom;
- After changing a diaper;
- After wiping or blowing their nose or a child’s nose;
- After coughing or sneezing into hands;
- After cleaning up spills of bodily fluids (such as urine, vomit, or stool);
- After removing disposable or household gloves;
- Before and after administering medications and/or performing first aid;
- Before and after applying sunscreen;
- After coming in from outdoor play;
- Before and after play (such as using paints, glue, sandbox, or a water table, or playing with pets); and
- After caring for a sick child.

**Children should always be given the opportunity to wash their hands as necessary, including in the following circumstances:**

- When they arrive at the child care program;
- Before and after eating;
- After going to the washroom;
- After having a diaper change;
- After wiping or blowing their nose;
- After coughing or sneezing into hands;
- After coming in from outdoor play; and
- Before and after play (such as using paints, glue, sandbox, or a water table, or playing with pets).



## Immunizations

Immunizations are one of the best ways to prevent infections such as influenza from spreading. Child care professionals and children attending child care are encouraged to get an annual influenza shot. Children's records maintained by the program must include current and up-to-date information on a child's immunizations.

## Cover Coughs and Sneezes

Keep tissues readily available and teach children to sneeze or cough into their sleeves and to use a tissue to wipe their nose after sneezing. Tissues should be discarded into a garbage can and hands should be washed immediately.

## Clean and Sanitary Child Care Settings

Proper cleaning and sanitizing of child care settings, toys, equipment, etc. is crucial to decreasing the spread of disease-causing bacteria and viruses.

The following practices will help you to maintain a clean and sanitary child care environment and reduce the spread of bacteria and viruses that may cause illness:

- Clean frequently-touched surfaces such as doorknobs, light switches, telephones, keyboards, toys, and other commonly shared items daily;
- Wash a child's bedding weekly, when soiled, or when used by another child;
- Have hot and cold running water available for hand washing (adjust the temperature of the water to prevent scalding);
- Clean washrooms daily and keep them stocked with soap and paper towels; and
- Clean toilet seats daily and then sanitize with a one-part household bleach to nine-part water solution.

Cleaning can be done with an all-purpose cleaner, detergent or soap. Acceptable disinfectants for sanitizing include chlorine based chemicals (bleach) or quaternary ammonium compounds ('Quats'). Cleaning compounds such as "Pine Sol", "Lysol" or "Dettol" are not recommended for sanitizing. All disinfectants require a contact time.

If unsure about the suitability of a cleaning or disinfecting product or solution contact Environmental Public Health Resources at Alberta Health Services ([www.albertahealthservices.ca](http://www.albertahealthservices.ca)).



## Diapering

Current regulations and standards require child care programs to have a change table or individual change pads for each child. Children must also be diapered in a location that allows for the appropriate supervision of other children.

### Steps for sanitary and safe diapering:

1. Before changing a diaper, wash hands and ensure that all of the required supplies are within reach;
2. Use disposable gloves;
3. Cover diaper-changing surfaces with a disposable liner (such as paper liner) and have guard rails to prevent falls;
4. Ensure that diaper pails have tight-fitting lids, are inaccessible to children, and are located away from areas used for food preparation or service;
5. Dispose of soiled diapers in a plastic-lined garbage can;
6. Place re-usable diapers and/or soiled clothing in plastic bags (without rinsing) to give to parents;
7. Apply diaper rash ointment with disposable applicators;
8. Discard disposable table liners in a plastic-lined garbage can;
9. Remove and dispose of gloves in a plastic-lined garbage can;
10. Wash the child's hands after being diapered and dressed;
11. Clean and disinfect the change table, all equipment, and supplies that were touched and soiled; and
12. Wash hands thoroughly.

## Safe Food Handling Procedures

Each child care program must have procedures in place to ensure safe food handling practices are being followed. Alberta Health Services can provide food safety advice and can advise if the particular program is obligated to comply with the Food Regulation (AR 31/2006) in which case a Food Handling Permit is required. The following procedures can help to reduce the spread of infection among children:

- Cook all meat thoroughly and keep raw meat separate from ready-to-eat foods;
- Wash hands, counters and utensils with hot, soapy water after handling raw meat; surfaces and utensils should also be sanitized with bleach or other appropriate sanitizer;
- Prepare fruits and vegetables by washing them thoroughly;
- Keep garbage away from areas where food is prepared and stored;
- Refrigerate perishable food;
- Label containers of food brought from home with the child's full name;
- Use either single-service, disposable cups, sanitized cups, or clearly-labeled cups that have been provided by parents;
- Warm infant food and bottles in a safe and sanitary manner (infants should not be allowed to move around or walk while drinking from a bottle); and
- Respect any known restrictions arising from allergies or medical conditions.

## Gloves

All staff working in child care programs should use **disposable** gloves when:

- Coming into contact with blood;
- Changing diapers, when hands may be in contact with blood, urine or stool; and/or
- If they have open sores or cuts on their hands.

Gloves should be disposed of in a plastic-lined garbage can and hands should be washed immediately afterwards.



## Respond

# What to do if a child becomes ill

The Child Care Licensing Regulation (AR 143/2008) sections 8 (1) and (2) states that if a child exhibits the signs and symptoms of illness, the licence holder or provider must ensure that:

- The child's parent(s) arrange for the immediate removal of the child from the program premises; and
- A child may return to a program if the licence holder/provider is satisfied that the child does not pose a health risk to other children or caregivers. A parent may provide to the licence holder/provider a physician note or a parent can report to the licence holder/provider that the child has been symptom-free for a period of not less than 24 hours.





## Respond

### Signs or symptoms of illness exhibited by a child can include:

- Vomiting, fever, diarrhea, or a new, unexplained rash or cough;
- Requiring greater care and attention than can be provided without compromising the care of the other children in the program; or
- Having or displaying any other illness or symptom the staff member knows (or believes) may indicate that the child poses a health risk to persons on the program premises.

Note: See Appendix A for more information on fevers and febrile seizures.

### Health and safety policies must state that in the case of illness, child care professionals and family day home providers will:

- Notify the parent, legal guardian, or emergency contact as soon as possible;
- Keep the child comfortable;
- Ensure the sick child is kept as far away from other children as is practical;
- Obtain medical assistance when necessary; and
- Notify the contract manager or agency immediately if the child's illness requires the licence holder or provider to request emergency health care and/or requires the child to remain in the hospital overnight.

Approved family day home providers are required under Family Day Home Standard 10D to notify the family day home agency within 24 hours if the provider, someone who resides in the family day home residence, or children participating in the family day home services, come into contact with a communicable disease as listed in Schedule 1 to the Communicable Disease Regulation (AR 238/85).

- If two or more children in a child care program have influenza-like symptoms, such as a sudden high fever, dry cough, headache, muscle ache and feeling very weak and tired, that started within 48 hours of each other, it is considered to be a potential “outbreak” in the program. All outbreaks, including an outbreak of any of the communicable diseases, must be reported by the child care program to the local Alberta Health Services public health office. Once a report has been made, Alberta Health Services will provide assistance in assessing and preventing further illness in the child care program.

Individual instances of common cold and gastroenteritis or “stomach illnesses” are not reportable unless an outbreak is suspected. Visit the Alberta Health Services website, [www.albertahealthservices.ca](http://www.albertahealthservices.ca), to find additional information on flu prevention in child care programs, or call:

Health Link Alberta Toll free: 1-866-408-LINK (5465)  
Edmonton: 780-408-5465  
Calgary: 403-943-5465

# When a child should be excluded from a child care program?

Parents should be informed to seek alternate child care or keep their child at home if the child is not well enough to participate in the regular activities of the program, the illness requires greater care from the child care staff than can be provided without compromising the care of the other children in the program, or their child has received one or more of the following diagnoses from a physician or other health professional:

- Chickenpox (the child can be permitted to return to the program when he or she feels well enough to participate in all activities, regardless of the state of the rash and as long as the child returns to the same group they were with one to two days before the onset of the rash);
- Diarrhea or loose stool (the child should be excluded for 24 hours until symptoms are resolved or assessed by a physician);
- Hepatitis A (the child should be excluded until 14 days after onset of illness or seven days after onset of jaundice);
- Impetigo (the child should be excluded until 24 hours after antibiotic treatment has been initiated);
- Wheezing/Persistent Coughing; (the child should be excluded until assessed by a physician or the symptoms are resolved);
- Measles (the child should be excluded until four days after the appearance of a rash);
- Mouth sores with drooling (the child should be excluded until a physician has determined that the symptoms are non-infectious);
- Mumps (the child should be excluded until nine days after onset of parotid gland swelling);
- Pertussis, or “Whooping Cough” (the child should be excluded until five days after antibiotic treatment has been completed, until three weeks after onset of symptoms, or until the coughing has stopped);
- Purulent conjunctivitis, or “Red/Pink Eye” (the child should be excluded until 24 hours after antibiotic treatment has been initiated);
- Rash, with fever or behavioural change (the child should be excluded until a physician has determined that the symptoms are non-infectious);
- Rubella (the child should be excluded until at least four days after onset of the rash, or up to five to seven days at the option of local health authority);
- Scabies, Head Lice, or other Infestation (the child should be excluded until appropriate treatment has been completed);
- Strep throat or other Streptococcal Infection (the child should be excluded until 24 hours after appropriate antibiotic treatment and cessation of the fever);
- Symptoms of Possible Severe Illness, such as lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing (the child should be excluded until assessed by a physician or the symptoms are resolved);
- Temperature, with a fever of 38.0 degrees C or higher;
- Tuberculosis (the child should be excluded until a physician has approved his or her return); or
- Vomiting – with two or more episodes of vomiting in the last 24 hours.







## Protect

# Communicable Diseases

### What to do when a child or child care staff has a communicable disease

To identify outbreaks and epidemics, provide preventive treatment and education, and protect children and staff in child care settings, caregivers must report communicable diseases by calling their Public Health Centre or Health Link.

The Public Health Act, Section 22 (1) and (3) states that the person in charge of an institution is responsible for notifying the Medical Officer of Health of any child in care who is infected with a communicable disease as outlined in Schedules 1 and 2. This is done by calling the local Public Health Centre. All diarrhea and vomiting outbreaks should also be reported to the Public Health Centre.

A list of diseases and guidelines that require the notification of the local Public Health Centre is available at [www.health.alberta.ca](http://www.health.alberta.ca) under the “Health Professionals” tab and “Manuals and Guidelines” section.

For more information on communicable diseases or where to report a communicable disease, please call:

Health Link Alberta Toll free: 1-866-408-LINK (5465)

Edmonton: 780-408-5465

Calgary: 403-943-5465.

## Preventing the Transmission of Blood-Borne Pathogens (Hepatitis B, Hepatitis C, and HIV) :

Since it is impossible to know for certain if a child is infected with a virus, all instances of blood and body fluids with visible blood in child care settings should be treated as if infected. The following universal precautions should be taken **at all times** when encountering blood:

- Wash hands for at least 30 seconds after coming into contact with blood or bodily fluids that might contain blood;
- Wear disposable latex gloves when you encounter blood or bodily fluids that might contain blood, or if your own skin is broken from a cut, scratch, open rash, or chapped skin;
- Dispose of the gloves;
- Wash your hands immediately after you remove gloves and dispose of them;
- Discard blood-stained materials in a sealed plastic bag and place in a lined, covered garbage can;
- Cover cuts and scratches with bandages until healed;
- Use disposable absorbent materials like paper towels to stop bleeding;
- Clean blood-soiled surfaces with a one part household bleach and 50 parts water solution immediately and sanitize them with a fresh solution of one part household bleach and nine parts water; and
- Put blood-stained laundry in sealed plastic bags.

All gloves, tissues, and other items that have contacted blood or body fluids should be placed in a plastic-lined garbage can.

Call Health Link or your Community Health Nurse if you have questions about the blood-borne pathogens Hepatitis B, C, or HIV.

# Managing medical conditions

## Child care professionals should:

- Consult with parents about the special handling of children with medical conditions (e.g., allergies, diabetes, asthma, eczema, epilepsy, etc.); and
- Obtain special instruction or training from medical personnel on how to handle certain conditions or medical emergencies (e.g., an asthma attack or administering insulin).

Child Care professionals may administer medications (including prescription and non-prescription drugs, emergency medication, and herbal remedies) when:

- There is written consent of the parent;
- Medication is in its original container, and
- Medication is administered according to the label directions.

When emergency medications are used to treat allergies, you must be able to recognize the allergy symptoms and know how and when to administer the medication. Emergency medications must be available for the child at all times, including while on outings.

In all cases where medications are administered, the name of the medication, the size of the dose, the time it was administered, and the initials of the administering person must be recorded.

All medications must be locked up. This does not include emergency medications (such as an EpiPen<sup>®</sup>), that must be stored in an area that is inaccessible to children.



# Recommended Resources

To learn more, the following publications are an excellent source of information about promoting healthy habits in child care settings or about preventing the spread of infection and illness:

- Capital Health, Primary Care Division, Community Health Services. (2004, December). Healthy Children in Preschool Settings – Information and Resource Manual for Caregivers of Children 0-5 years.
- Alberta Health Services Pandemic (H1N1). (2009). Q & A: [www.albertahealthservices.ca](http://www.albertahealthservices.ca)
- Health Protection, Environmental Public Health, Alberta Health Services. (2011, January). Home study course in Child Care.
- Do Bugs Need Drugs: [www.dobugsneeddrugs.org](http://www.dobugsneeddrugs.org).

# Appendix A

## Information on Fevers and Febrile Seizures –

### What is a febrile seizure?

A convulsion in a child aged three months to five years triggered by a fever.

### What are the symptoms of a febrile seizure?

- Eyes rolling;
- Limbs stiffening;
- Sudden contraction of muscles;
- Whole body may convulse;
- Child may turn blue;
- Child may fall and may pass urine or stool; and/or
- Child may vomit or bite the tongue.

### How long does a febrile seizure last?

A febrile seizure usually lasts few seconds up to three minutes. Children may fall asleep, feel tired or confused after having a seizure.

### What causes febrile seizures?

- Fevers (usually from ear infections, Roseola, other infections)
- Meningitis

### How can you help a child who is having a febrile seizure?

- **Call 911 immediately;**
- Leave the child on the floor;
- Only move him only if he is in a dangerous location;
- Loosen tight clothing, especially around the neck;
- If the child vomits, or if saliva and mucus build up in the mouth, turn the child on his or her side or stomach.
- Don't try to restrain the child, or stop the seizure movements; and
- Do not try to force anything into the child's mouth (to prevent the child from biting his or her tongue) as this increases the risk of injury.

If a child is not responding, having difficulty breathing or is having convulsions, call 911 immediately, even if you are not sure that he is having a seizure.

### How can you prevent a seizure?

- If a child has a fever (38.0 degrees Celsius or higher), keep the child cool, apply cool washcloth to the forehead and neck;
- Have a thermometer accessible to monitor a child's fever;
- If the parent has provided written consent, give a normal dose of ibuprofen or acetaminophen to reduce fever; and
- Call the parent to take the child home if the fever is persistent and the child does not improve.

# Contact information:

Alberta Children and Youth Services  
Child Care Branch  
Sterling Place  
9940 106 Street  
Edmonton, AB T5K 2N2

Tel: 780-422-1119

**Government  
of Alberta** 

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