



Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities

**Department of Health, Public Health New Brunswick Department
of Education and Early Childhood Development**

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The document is a **joint** initiative of both the Department of Health and the Department of Education and Early Childhood Development.

Public health inspectors (PHI's) are currently located within the Department of Justice and Public Safety, Health Protection Services (HPS). They continue to fulfill the Health inspection mandate in ELCF inspections.

Public health nurses (PHN's) are currently located within regional health authorities.

Previously existing documents have been updated and edited to reflect recent changes in legislation and practice.

Although a final version for now, we will be making updates/revisions as necessary.

One document was created to simplify departmental staff and early learning and childcare facility (ELCF) operator access to the information by putting most of the Health- related information in one place.

The document was designed to align with the HPS Inspection Standards, NB disease prevention and control legislation and standards, and with current requirements of EECD for licensing.

We have titled it *Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare Facilities* intentionally. Although HPS (Health) does not inspect Early Learning and Childcare Homes for licensing, prevention and control of the spread of diseases is the responsibility of all operators.

Key points and comments are inserted in the blue boxes.

1. Purpose

As its title indicates, this document, *Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities* (in the rest of the document to be referred to as CD Guidelines) is intended to help operators of these facilities meet licensing requirements in New Brunswick. It provides guidelines for operators to follow to prevent and control communicable diseases and illness among staff and the young children for whom they care.

Prevention and control of communicable diseases include;

- developing communicable disease control plans to be used and understood by staff and parents/guardians;
- identifying illness based on signs (directly noted or observed by staff) and symptoms (self-reported by child or parent/guardian);
- reporting specific notifiable diseases and events (illness or cluster of illness) to Public Health under the *Public Health Act*;
- implementing routine disease prevention, including monitoring for immunization, monitoring for illness and properly managing common illness in children; and
- establishing control measures to prevent spread of illness during an outbreak.

Note: The Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities (CD Guidelines) are minimum requirements and operators of ELC facilities are permitted to implement more stringent disease prevention and control standards and guidelines as needed/reasonable upon consultation with public health. An example of where this would occur is when there have been viral outbreaks at the facility. In order to prevent further disease transmission, the operator may choose to request exclusion of a single child with undiagnosed diarrhea for a minimum of 48 hours (versus the standard exclusion period stated on the exclusion guideline).

The intent is to ensure that operators are aware that, in consultation with public health (PH) and in an outbreak or potential outbreak, they can impose more stringent exclusion of children who are suspected to be ill to end disease transmission within a childcare facility.

2. Identifying illness

2.1 Signs and symptoms

ELC facility Operators are expected to be able to recognize the signs and symptoms that a child may be ill to manage the illness and prevent the further spread of disease. **There is no expectation of diagnosis.** Once a child is identified as being ill, the parent is responsible to ensure that appropriate healthcare is given.

Certain signs and symptoms in children may suggest the presence of a communicable disease. A communicable disease is a disease or illness that may be spread to others in the facility and may cause serious illness in children and staff. It is important for staff to observe signs of illness and identify symptoms early to manage illness, preventing further spread of disease.

Examples of signs and symptoms that may indicate that a child should be excluded from a facility and that a communicable disease may be present include:

- diarrhea – unexplained diarrhea or loose stool (may or may not be accompanied by nausea, vomiting and cramps) may indicate a bacterial or viral illness that is easily passed from one child to another;
- vomiting – nausea and vomiting;
- fever – temperature taken from the ear (38.3°C/100.4°F or greater), mouth (37.5°C/99.5°F or greater) or armpit (37.3°C/99.1°F or greater) accompanied by other symptoms such as fatigue;
- respiratory – difficulty breathing, wheezing or persistent cough;
- infected eyes or eye drainage (clear or with pus);
- sore throat or trouble swallowing;
- pain – any complaints of unexplained or undiagnosed pain;
- unusual skin colour;
- severe itching, rashes or skin lesions; or
- unusual behaviour or any illness that prevents a child from participating comfortably in all activities.

See Appendix A, *Common Childhood Communicable Diseases and Exclusion Periods*, for more details on signs, symptoms and management to control the spread of disease.

Children with signs and symptoms of a communicable disease are to be isolated from other children immediately. It is recommended that they be seen by a healthcare practitioner for diagnosis. Contact the child's parent(s)/guardian(s), or person(s) identified for emergency situations, who must arrange to pick up the child within one hour of notification of illness.

Children 2-12 years of age who are ill with respiratory symptoms (such as those symptoms associated with influenza, COVID-19, whooping cough, etc) should be given a proper fitting disposable medical grade mask to wear while they are waiting for their parent/guardian to arrive. If a staff member is waiting with the child, then they should also wear a disposable medical grade mask.

Parents/guardians are advised that children with known or suspected communicable diseases are to be excluded from the facility as indicated in Appendix B, *New Brunswick Guide for Exclusion of Children in Early Learning and Childcare Facilities*, especially in those cases where continued exclusion is recommended **after symptoms have stopped**.

3. Reporting diseases and clusters of illness

The *Early Childhood Services Act* and Licensing Regulation require operators to meet regulations and standards as prescribed by the Minister of Health (or designates) under the *Public Health Act*. The *Public Health Act* requires operators to report certain diseases and events to the regional medical officers of health (RMOH) or a person designated by the Minister. Designated persons include regional Public Health nurses and Public Health inspectors. These diseases are called notifiable diseases.

The *Reporting and Diseases Regulation* outlines:

- specific diseases and events that are reportable;
- individuals who are required to report;
- contents of the report;
- timing and form of report;
- exemptions to reporting;
- reporting of contacts; and
- reporting refusal or neglect of treatment.

Reporting illness to Public Health based on signs or symptoms and identified or suspected notifiable diseases should be carried out as soon as staff are aware.

Operators may become aware of illness in the facility through several ways. For example, they may:

- notice illness in a single child through routine day-to-day observation of the children;
- be advised by a parent/guardian that a health-care practitioner has confirmed that a child has a specific disease; or
- find that an unusual number of children and/or staff are ill with the same symptoms at the same time.

The *Public Health Act*, Section 29, requires:

The principal of a school or the operator of an early learning and childcare facility who believes, on reasonable grounds, that a pupil in the school or a child in the facility, as the case may be, has or may have measles, meningitis, mumps, pertussis, rubella, an Escherichia coli infection or other diseases or conditions specified by the regulations shall report, in accordance with the regulations, to a medical officer of health or a person designated by the Minister.

– *Public Health Act (S.N.B. 1998, c.P-22.4)*

Notifiable diseases and clusters of illness (an unusual number or greater than expected or normally seen) are prescribed in the *Reporting and Diseases Regulation*. Facility operators and staff should be familiar with Schedule A under this regulation, which contains the full list of notifiable diseases and events, as well as timeframes for reporting.

Communicable disease is a broad term describing diseases that can be spread from one person to another. Notifiable diseases are a specific set of diseases regulated in New Brunswick by law to be reported to PH.

The CD Guidelines refer to many illnesses/diseases that may be commonly seen in a childcare setting. Things like scabies and lice, which are not notifiable diseases, but are a nuisance to all when they occur in a facility, are also included.

The Regulation has more details on specific notifiable diseases, and a link is given for the operator. Note the specific notifiable diseases that an operator of an ELC facility is required to report to public health include: “*measles, meningitis, mumps, pertussis, rubella, and Escherichia coli infection or other diseases or conditions specified by the regulations*”.

Any unusual illness or clusters of illness are to be reported to Public Health.

This includes when operators notice an increase in absenteeism in children and/or staff due to respiratory illness, influenza like illnesses, vomiting and diarrhea.

Please see the following link for the *Reporting and Diseases Regulation – Public Health Act*:

<http://laws.gnb.ca/en/ShowPdf/cr/2009-136.pdf>

When reporting illnesses to Public Health, the operator and staff should be prepared to provide the following information on request:

- facility name and address;
- date;
- telephone and fax numbers;
- child's name;
- child's age and date of birth;
- date of illness onset;
- date of diagnosis (if applicable);
- date treatment began (if applicable);
- main symptoms and details;
- child's temperature (if a fever is present) and time taken;
- reporting staff member's name;
- medication given (yes or no and if yes, describe);
- staff member's signature;
- current parent/guardian contact information – current address and phone numbers (cell, daytime, emergency, alternate contact numbers);
- child's Medicare number;
- child's doctor, if known; and
- any other relevant information.

When a child is ill, or there is an outbreak at an ELC facility, PH staff may ask for most or all of the information listed. The operator or delegated staff person should be able to access it when requested. This information is used by PH to contact parents for follow up information on a case and it is very important that they can do this quickly to prevent the further spread of the illness to others.

For example, a Medicare number is requested to be kept on file. This information may be used by PH during an outbreak to follow up on stool sample results to verify that these samples have been submitted to a lab, and to track the results to allow the excluded child or staff to return to the ELC facility.

3.1 Illness diagnosed by a health-care practitioner

An operator will sometimes receive a parent's/guardian's report of a health-care practitioner diagnosis of the child's illness/disease. The operator should request that parents/guardians have their health-care practitioner write down the diagnosis and any additional information (e.g., specific care instructions, exclusion guidance, etc.) on a note that can be shared with the facility. This will assist with proper management of the case and ensure that the proper diagnosis is relayed to the operator and staff.

It is helpful if the operator is aware of children with underlying conditions that might appear to be a communicable disease. For example, a child has loose stools because of a health condition or medication they are on. Having a parent provide an operator with information on a child's condition, which may present as something that requires exclusion, helps to simplify the process of allowing a child to remain at an ELC facility. This statement does not give the operator the authority to require the submission of this information, but rather, it is suggested where parents are comfortable sharing the information.

3.2 Authority of the Regional Medical Officer of Health (RMOH)

When public health is at risk (such as during an outbreak or with certain diseases of Public Health significance), the RMOH may, under the *Public Health Act*, require the implementation of any measures necessary. This may include excluding certain children or staff from the facility, closing sections or the entire facility, requiring additional cleaning and disinfection of certain areas, etc. to reduce the risk of communicable diseases.

With some outbreaks and some illnesses, specific measures may need to be taken to avoid the spread of illness. One thing that Public Health Inspectors often recommend to operators during an enteric outbreak (with symptoms of diarrhea and vomiting) is to put away most of the toys and ensure that the ones left out can be properly cleaned and disinfected on a more frequent basis to prevent viral or bacterial spread even further.

Sometimes these measures may contradict the ELC facility licencing requirements, but they may be required by PH as a temporary measure until the outbreak is over.

3.3 Collection, Use and Disclosure of Information

The RMOH, may request that an operator of an ELC facility disclose personal information or personal health information of children attending the facility. Under the *Public Health Act*, consent of the individual is not required for this type of information disclosure if it is being used to contain the spread of a notifiable disease or to mitigate a health hazard.

Section 64.1(2) A medical officer of health may collect and use personal information or personal health information relating to an individual without the consent of the individual, if the collection and use is required to contain and prevent the spread of a notifiable disease or to mitigate risks associated with a health hazard.

Section 64.1(3) If requested by a medical officer of health, any person, including a custodian or a public body, shall disclose to the medical officer of health personal information or personal health information relating to an individual without the consent of the individual if

(a) the disclosure is required to contain and prevent the spread of a notifiable disease, or

(b) the disclosure is required to mitigate risks associated with a health hazard.

❖ **Information will only be used for this purpose and in the most confidential manner possible.**

Under the *Public Health Act*, PH is permitted to obtain personal and personal health information to prevent spread of a notifiable disease or mitigate risks associated with a health hazard.

Information obtained is **only used for this purpose and is kept confidential**. If this section is inconsistent with or in conflict with a provision of the *Right to Information and Protection of Privacy Act*, this section prevails.

4. Routine disease prevention

4.1 Immunization

Infants and young children attending ELC facilities are particularly susceptible to vaccine preventable diseases, of which the outcomes can be serious. The spread of disease can be significantly reduced if children attending facilities are up-to-date with immunizations prior to entry and continue to receive recommended vaccines at the appropriate ages according to the [New Brunswick Routine Immunization Schedule](#).

Routine child immunization programs are delivered through Public Health and a network of immunization providers including physicians, nurse practitioners, and nurses working in various health-care settings.

Parents/guardians may call Public Health or their usual immunization provider to schedule an appointment or receive more information on the recommended childhood immunizations.

Under the *Public Health Act*, children attending an ELC facility must demonstrate age appropriate proof of immunization against specific diseases cited in the *Reporting and Diseases Regulation*. Parents/guardians must provide a record of immunizations or a signed document indicating exemptions/objections.

Working together, Public Health and operators ensure that children are up to date with immunizations. Operators are responsible to ensure that children who attend the facility have proof of immunization against specific diseases or documented exemption or objection. Public Health nurses verify compliance with the *Reporting and Diseases Regulation* and ensure that catch-up opportunities are available for children not meeting age-appropriate immunization requirements.

In alignment with [Policy 2.10](#) of the New Brunswick Immunization Program Guide, if a child has not received the required immunizations and does not have a completed *Immunization Exemption Form for Day Care*, the child's immunizations will be initiated within 120 days and be completed according to a prescribed schedule.

For a copy of the exemption form:

- Department of Health - Immunization Exemption Form for Day Care [413-ImmunizationExceptionforDayCare.pdf \(gnb.ca\)](#)

In late spring 2020, the Public Health Information Solution (PHIS) was implemented. PHIS is a web-based Communicable Disease Surveillance and Management system which includes an Immunization Management component. This acts as an immunization registry of publicly funded vaccines. PH Nurses directly enter immunizations given by PH and copy records into system. Physician administered vaccines will be integrated through Medicare. What this means for early learning and childcare facility operators is that the operators will provide a list of children to PH, then the public health nurses use this system to check the children's immunization records and report back to the operator those who don't meet regulatory requirements.

Staff should be knowledgeable regarding this document, *Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities* and know how to identify illness in children. Refer to Appendix A, *Common Childhood Infections and Exclusion Periods*.

Most of the items recommended for routine communicable disease control have been provided by EECD or PH (through information and/or forms). These documents may be required to be completed or are given as an example document.

Routine communicable disease monitoring is a daily responsibility and is done through attendance records, observation of a child's behavior and quick actions in identifying illness, exclusion and cleanup/disinfection if needed.

Staff may also refer to Well Beings – [Managing Infections](#).

Some of the items that routine communicable disease control should include are:

- daily attendance records and details when children are absent (identify whether the absence is due to illness) as well as details of illness;
- up to date visitors' logs, as well as current logs of children's groups and details of individual attendance in these groups;
- up to date immunization records for children;
- actions for staff to take if they identify a sick child, which include, exclude from other children, call the parents/guardians, report to Public Health (if applicable), complete Potential Illness form;
- information on posting notices to inform parents/guardians (if applicable);
- a cleaning and sanitizing schedule for the facility, including toys and surfaces;
- posting of hand washing signs and reinforcement of appropriate hand washing procedures;
- staff health policies, including disease reporting, illness management, exclusion, precautions for pregnancy, etc.;
- disease information for parents and staff if a child has been excluded. Some diseases have requirements to be met and/or require sign off from Public Health before the child may re-enter the ELC facility. This is to verify that the conditions of the illness that warranted exclusion are no longer present and the child is healthy enough to return to the facility.
- A supply of adult and child disposable medical grade masks for use when needed in the case of respiratory symptoms and illnesses.

4.4 Environmental cleaning, sanitizing and disinfection

An important part of routine disease control in an ELC facility involves following a cleaning and disinfection schedule to help limit the contamination of the environment. Cleaning schedules should include all items and areas to be cleaned in the facility and may be organized daily, weekly, monthly or annually to ensure that cleaning is documented. The cleaning schedule should have places for staff to initial and date when the task has been completed or to assign specific tasks to individuals. A sample of a cleaning schedule may be found at Well Beings:

Methods have been updated and reviewed by an infection control practitioner, and therefore met the latest recommendations at the time of that review. Some processes may have changed from how they were previously recommended. Please follow the documents and procedures that accompany the latest version of the communicable disease guidelines document.

http://www.caringforkids.cps.ca/uploads/wellbeings/Cleaning_and_sanitizing_ENG_2016.pdf

4.4.1 Environmental cleaning

Cleaning involves using a good detergent and removing physical soil from a surface or object.

Wear disposable gloves when handling contaminated articles (clothing, diapers, etc.) or when cleaning areas are heavily contaminated with vomit, feces or other body fluids.

When cleaning large amounts of vomit, feces or other body fluids, use a single-use cloth and blot gently to remove the fluids. This helps to avoid further contaminating other areas. Dispose of cloths in bagged garbage containers.

Once initial clean-up of the soiled area is complete, clean the area with detergent and hot water using a single-use cloth before disinfection takes place. Remove gloves and dispose in bagged containers. Wash hands as per procedures found in Appendix C.

4.4.2 Sanitizing

Sanitizing reduces germs to levels considered safe but does not eliminate them.

Sanitizing is sufficient for food contact surfaces (such as silverware and highchair trays) and for toys and pacifiers that children may place in their mouths.

4.4.3 Disinfection

Disinfecting eliminates or inactivates germs. Disinfecting requires a stronger concentration of bleach (or appropriate chemical) to kill the germs. Surfaces that are to be disinfected include diaper changing tables and mats, potty chairs, toilets, countertops, sinks, drinking fountains, cabinet handles, light switches and doorknobs. See Appendix D : Recommended Routine Procedures for Cleaning, Sanitizing, and Disinfecting in Early Learning and Childcare Facilities.

There are many disinfectants that are approved for use in the ELC environment. All disinfectants should have a PCP or DIN number or contain chlorine bleach. When in doubt, consult with the Public Health inspector before using.

Not every disinfectant is effective in killing all disease-causing germs. Ensure the products being used are effective by reading the manufacturer's labels or consult with Public Health.

Different strengths of disinfectants may be required in outbreak situations, or different disinfectants may be needed, especially when the germs causing the illness has been identified. Many disinfectants that are currently in use are effective against most harmful bacteria and viruses. Health Canada has created a list of disinfectants that have been approved for use against COVID-19, but are also effective against other harmful germs.

Test strips that can verify the strength of sanitizers and disinfectants mixed at the ELC facility are to be available on site.

- ❖ ***Note: Always follow the manufacturer's instructions when using commercially prepared disinfectants.***

Operators are responsible to provide test strips appropriate to verify that the strength of the sanitizer/disinfectant they are using is accurate. PHIs do carry a few types of test strips, but they are not expected to have a test strip for every different chemical available. Disinfectants that are pre-mixed by the manufacturer, with the strength indicated on the container, do not require test strips.

4.4.4 Bleach

Caution must be used when using bleach in an ELC setting. Strong bleach odours may be irritating for some individuals if breathed in. Increased ventilation by opening doors and windows should be considered. Or, isolate the area and disinfect by this method after everyone has left the building, if possible. Bleach is harsh and may damage or discolour some surfaces (such as fabrics, carpets). Using a different disinfectant, or replacing these surfaces, may be necessary.

It is important to follow measurements carefully when using bleach – **more is not necessarily better**. Bleach used for disinfection is at 5.25% strength and is found at most grocery stores.

Household bleach commonly found in a grocery store is usually at a 5.25% strength. There is a bleach available that is at a higher concentration. Using a higher concentration strength of bleach may change the mixing ratios given.

Prepare a dilution of fresh bleach every day and discard unused mixed portions. See Appendix E : *Guide for Mixing Bleach-based Sanitizers and Disinfectants in Early Learning and Childcare Facilities*.

Open bottles of bleach lose strength over time. Opened bottles of bleach are to be replaced with new bottles every three months or when they become less effective, whichever comes first.

***Always test the strength of your disinfectant solution using a test strip suitable for bleach.** These strips are available from local chemical suppliers.

5. Communicable disease control - outbreak management

5.1 What is an outbreak?

An outbreak may exist when a greater than expected number of children and staff have similar illness symptoms within a specific period (e.g., diarrhea, vomiting, rash, respiratory symptoms). When an outbreak of gastrointestinal illness with vomiting and/or diarrhea or respiratory illness has been identified, notify Public Health and the EECD Quality Assurance Monitor immediately.

It is important to report all outbreaks in a facility.

Outbreaks may involve vomiting and diarrhea, respiratory illness or unusual increases of other illnesses.

Some signs or symptoms may suggest the possible start of an outbreak, or the presence of a serious infection at the facility. Operators must report to Public Health when **two or more** cases of diarrhea occur within 48 hours of each other as well as ANY cases of bloody diarrhea or diagnosed bacterial diarrhea.

Sometimes the first sign of an outbreak in a facility may be an unusual increase in absenteeism due to illness. If this occurs, notify the Public Health Communicable Disease team (see Appendix F for contact information). The team will provide advice on control measures, including exclusion, and will further investigate the situation as required. If a particular disease is of high Public Health significance and/or is unusual, even one case may be treated like an outbreak.

When an outbreak is suspected or confirmed by Public Health, the communicable disease control Outbreak Management Plan (Section 5.1) is to be activated. This will help guide outbreak management within the facility.

5.2 Clusters of undiagnosed gastroenteritis

Occasionally facilities have clusters of illness whereby several children (and staff) suddenly experience diarrhea and vomiting. Although this is often due to Norovirus, the illness is usually over before stool samples may be taken to confirm the source. In situations where the undiagnosed gastroenteritis is suspected to be caused by Norovirus, it is extremely important to practice strict cleaning and disinfection procedures to eliminate the virus from the centre and to ensure that ill children and staff are excluded **for at least 48 hours** after the last symptom has resolved.

Viruses like Norovirus will often cause clusters of illness that happen quickly and are difficult to stop the spread.

This is where the fast action of an operator is important in making sure that ill children are appropriately excluded. At the same time, cleaning and disinfection must start immediately and continue at an enhanced schedule to ensure that the virus does not continue to spread.

5.3 Outbreak Management

In a disease outbreak, an outbreak management plan is intended to provide guidance to staff on what to do during the outbreak. An outbreak management plan must be written ahead of time and included within the facility's communicable disease control protocols.

An outbreak management plan should include the following actions and information:

- Records are to be kept up-to-date and available on request. Contact information for ill or absent children and staff and copies of daily attendance records should be ready for Public Health. They may request copies of these for disease follow up.
- Designate a staff member to be the contact person to provide outbreak information to Public Health and for Public Health to contact. This ensures that information is received and provided quickly and frees up other staff to care for children and work on outbreak control measures. Information may be requested at least daily during an outbreak.
- Control measures, such as:
 - If exclusion is required, ensure that measures are in place to inform parents/guardians and staff of the situation and of how important this control measure is. Proper exclusion is one of the most important and effective measures in controlling an outbreak. Parental and staff cooperation is critical.
 - Post appropriate notices for parents/guardians at all entrances to the ELC facility to ensure that disease information is available for staff and parents/guardians if needed or requested.
 - Written **enhanced** cleaning and disinfecting measures and well as other means to control disease spread should be available for use. Depending on the suspected or confirmed disease, enhanced cleaning and disinfecting measures may include:
 - following routine cleaning and disinfecting procedures, but on a more frequent basis, especially of high touch areas (i.e. doorknobs, toys, railings, tables, washrooms, light switches);
 - changing your disinfection product or increase the concentration. Public Health can provide advice that is specific for each situation.
 - using toys that are easy to clean and disinfect; and
 - wearing a mask and gown, if the area is heavily contaminated with body fluids, and making sure that other staff and children are removed from the area during clean-up.
 - Good hand washing practices are important to prevent disease transmission, especially during an outbreak. Monitor children to ensure they are washing their hands as per the "Be Clean - Wash Your Hands" poster Appendix C.
 - Alcohol-based hand rubs may be used by children and staff if hands are not visibly soiled. Children are to be supervised when using these rubs.
 - Alert all staff (including cleaning/kitchen staff) to the situation and ensure they are aware of additional precautions put in place, including the need to exclude themselves if ill. Kitchen staff may easily contaminate food, which may then infect children and/or staff.
 - Minimize movement of staff and children between rooms during an outbreak. Assign staff to specific rooms and try to keep staff and children from interacting during the outbreak.
 - If a respiratory outbreak, provide education on coughing/sneezing etiquette (i.e., in a tissue or a sleeve).

The purpose of this section is to ensure that the operator is thinking about and prepared for the occurrence of a disease outbreak in the ELC facility. Being prepared means that both staff and the operator understand what to do and who to contact. The actions, information and control measures are provided for use in the plan. Additional information and tools may be included at the operator's discretion. All facilities should have a plan.

Enhanced cleaning is important.

The number and type of toys may be restricted to ones that are easy to clean multiple times per day at a higher concentration of disinfectant.

Hand washing is preferred, but hand rubs may be used with supervision.

- Samples (usually stool) may be requested from ill children or staff by Public Health. As a part of the outbreak management plan, parents/guardians and staff should be aware of the importance of timely stool sample collection and that they may be requested to participate.

Note: During an outbreak, samples may be collected by Public Health and submitted to the laboratory for analysis to identify the bacteria or virus causing the illness/outbreak. In identifying the organism, Public Health is then able to recommend the most appropriate controls that are effective in ending the outbreak.

During an outbreak it is good to keep the same children and staff in the same room with minimal interaction as this will also help slow down the spread of illness. The same is important with toys. Limit the use of specific toys to specific groups of children for the duration of the outbreak. Only use toys that are easy to clean and disinfect.

The outbreak management plan is to be kept up-to-date and may be *reviewed yearly by Public Health*.

If an outbreak is enteric (symptoms of diarrhea/vomiting), PHIs may ask parents to collect a stool sample from the child. This sample is very important, especially in the early stages of an outbreak. Identifying the virus or bacteria early can make a big difference in how the follow up and investigation of the outbreak proceeds. For example, an outbreak of diarrhea can be from a virus such as Norovirus, which can spread quickly and cause many people to become very ill with diarrhea, vomiting, fever. Norovirus illness usually lasts up to three days and most people get better without any lingering effects. Diarrhea can also be caused by *E.coli* bacteria, which in severe cases can result in bloody diarrhea, dehydration, kidney failure and death.

Knowing at an early stage in the investigation what bacteria or virus is responsible for the illness will help guide the investigation and find the source to prevent further illness.

6. Hand washing and respiratory etiquette

6.1 Handwashing

Hand washing is the most effective way to prevent the spread of communicable diseases.

Hands spread an estimated 80% of common infectious diseases such as the common cold and influenza. For example, when you touch a doorknob that has the influenza virus on it and then touch your mouth, you may become ill. Disease-causing germs are easily removed with good hand washing techniques.

It is important to encourage and help children to wash their hands. Do not assume that children know how to wash their hands properly. Remember that children learn by example, so good hand hygiene demonstrated by educators goes a long way towards teaching them when and how to wash their hands.

Liquid soap in a dispenser is the preferred type of soap for handwashing in a facility. Bar soaps should only be used in specific circumstances when liquid soaps are unable to be used. Antibacterial soaps are very harsh on the hands.

Regular use may lead to sore, dry hands, and because of this, many will wash their hands less frequently.

Links to hand washing signs and procedures can be found in Appendix C.

6.1.1 When should hands be washed?

Staff and children's hands must be washed with soap and water several times a day, especially:

- on arrival;
- before meals;
- after using the toilet;
- after blowing nose, coughing or sneezing;
- after playing with shared toys;
- before and after visiting with people who are sick;
- after handling animals or their waste;
- when taking medications; and
- after playing outside.

In addition, staff are required to wash their hands:

- before and after preparing food;
- after helping a child use the toilet;
- after breaks;
- before and after changing diapers;
- before and after giving medications; and
- before and after putting on and removing a face mask.

Note: There should be supplies provided to ensure that cuts, burns, or other skin abrasions are properly covered by staff before engaging in childcare, dispensing medications or food preparation.

6.1.2 How should hands be washed?

- Wet hands with warm running water.
- Put a small amount of liquid soap in the palm of one hand. Bar soaps are not as hygienic as liquid soaps because they stay moist and attract germs. If a bar soap is the only option, it should be stored on a rack so that the bar doesn't sit in water.
- Rub hands together for 20 seconds to produce lather. Make sure to scrub between fingers, under fingernails and the backs of hands.
- Rinse hands well with clean, warm running water for at least 10 seconds. Try not to handle the faucets once hands are clean. Use a paper towel to turn off the water.
- Dry hands with a single use paper towel or air dryer.
- Use hand lotion (in a dispenser) to put moisture back into the skin if hands are dry.

6.1.3 Should antibacterial soaps be used?

Antibacterial soap is not required. Ordinary soap is as effective as antimicrobial soaps for everyday hand washing use. The mechanical action of hand washing (rubbing of hands together with soap and water) breaks down the tiny bits of grease, fat and dirt on hands that bad germs cling to. It is the combination of soap, rubbing, rinsing and drying that helps germs slide off the hands. Good hand washing technique is the most important component to effective hand hygiene.

The percentage of 70-90% alcohol is required for Norovirus control. Because of this high alcohol content, children should always be supervised when using hand rubs. Washing with soap and water, and teaching children how and when to wash their hands, is always the preferred method of hand cleaning. In certain circumstances, however, hand rubs would be the only option. Note: always check the alcohol percentage on the label before buying or using. Many popular brands may not contain a high enough level to be effective.

6.1.4 Are alcohol-based hand rubs good to use?

Alcohol-based hand rubs (also called hand sanitizing gels) are an effective option for hand hygiene, provided they contain 70% to 90% alcohol. Hand sanitizers should have at least 70% alcohol content for Norovirus control. They are widely used in health care settings, or in situations where running water is not available. Alcohol-based hand rubs should only be used if no visible dirt is present on the hands. Use of alcohol-based hand rubs by children should always be supervised by an adult.

Public Health recommends the use of alcohol-based hand rubs in ELC facilities only in specific situations, such as during an outbreak to supplement hand washing with soap and water or in areas where there is no easy access to running water and soap, for example, on field trips. Children should learn about proper hand washing, which is essential to maintaining good health. Soap and water are more widely available in the community which makes learning and applying regular hand washing easier.

Follow these instructions when using an alcohol-based hand rub:

- Apply a measured pump of the product into the open palm, enough to cover all surfaces of the hand. A chocolate chip size squirt often works for children's hands.
- Rub into hands covering all surfaces including front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.
- Rub until dry.

Note: Hands must be fully dry for the alcohol-based hand rub to be effective and to eliminate the extremely rare risk of flammability.

6.2 Respiratory etiquette

Respiratory etiquette is a combination of practices that reduce the risk of transmitting respiratory infections. These practices include:

- using disposable tissues for wiping nose and discarding appropriately after one use;
- sneezing and coughing into a sleeve rather than the hand;
- hand washing after coughing, sneezing or using tissues;
- keeping hands away from the face, especially the mucous membranes of the eyes, mouth and nose.

7. Animals and visits to farms and petting zoos

Public Health permits certain animals to be kept as facility pets, to be part of special events or visited on field trips. Animals can carry diseases that can be transmitted to children; therefore, the following guidelines are to be considered whenever animals are part of an ELC facility activity.

7.1 Within the facility (permanent or visiting):

- Ensure the animal's living quarters are kept clean, completely separate and away from food areas.
- Sinks and tubs used for cleaning the animal's living quarters should be cleaned and sanitized after each use. These should not be cleaned in the kitchen, food preparation areas or child play areas.
- Animal waste should be disposed of regularly and cat litter boxes should not be accessible to children.
- Supervise young children while playing with animals.
- Permanent animals must be assessed by a veterinarian prior to their introduction into the facility and should have yearly (or more often as recommended by the veterinarian) vet visits. Any animal exhibiting signs of illness or changes in behaviour should be assessed immediately by a veterinarian. Vaccines or other regular treatments, as recommended by the veterinarian, should be followed.
- Animals chosen as facility pets must be of good temperament and appropriate for children.
- Animals should not have free access to children's play areas.

The following animals are **not permitted** in facilities where infants and preschool children are present (due to risk of transmitting disease):

- reptiles (turtles, lizards, snakes and iguanas);
- amphibians (frogs, toads, newts and salamanders);
- wild or exotic animals (for example, raccoons, squirrels, skunks, bats, monkeys). Consult with Public Health if unsure whether animal is defined as wild or exotic; and
- chicks, chickens, ducklings or ducks.

❖ **Hand hygiene after contact with all animals is important. Ensure hands are washed after handling pets and pet treats.**

The animals that are not permitted in a licensed facility are listed. The reasons for exclusion of these animals with children under 5 are because of health risks. Outbreaks of Salmonella have been linked to contact with reptiles, amphibians, and chickens.

Salmonella has also been found in pet treats. Raccoons, bats and skunks carry the rabies virus, and rabies is a fatal disease.

7.2 Visits to farms and petting zoos

7.2.1 Before visiting

Before visiting the farm or petting zoo, operators are to:

- Call ahead to the petting zoo or open farm for the following information (operator may consider visiting the site before taking a group of children):
 - Are hand washing facilities available? (e.g., hot and cold running water, liquid soap and paper towels/hot air dryers.)

- Are toilet facilities available?
- Do the animals on display appear healthy and are they immunized?
- If possible, eat before arriving at the petting zoo or open farm, and not during the visit. However, if the children have to eat on site, is there an eating area available that is separate from the area where animals are kept?

Calling ahead or knowing the site before a field trip allows the operator time to plan for things like bringing hand sanitizer if there are no handwashing facilities, planning to eat before the visit, etc. To prevent cross contamination from touching the animals, surfaces, etc. at a farm that may be contaminated with harmful bacteria, it is important that the children eat before the visit or after leaving and wash their hands thoroughly before eating.

7.2.2 At the farm or zoo

- Have sturdy boots or shoes for the children to wear while at the petting zoo. This will help prevent slips and falls. If possible, at the end of the visit, children should change into a clean pair of shoes and then wash their hands to remove any dirt from their hands. Bag the dirty shoes and clean them at home.
- Make sure there are an adequate number of adults to supervise the children.
- Ensure the farm is well managed with clean grounds and public areas and that animals are prohibited from eating areas.
- Ensure children understand that they are **not to eat or drink ANYTHING** while touring the farm, not to put fingers in mouths, not to eat anything which may have fallen on the ground, and not to eat any animal food.
- Children should only have access to animals through a barrier (fence or pen). All contact with animals is closely supervised by an adult.
- Use waterproof bandages to protect any cuts or grazes not covered by clothes.
- Due to risk of transmitting disease, when visiting farms, petting zoos and on field trips, infants and preschool children are not to have contact with the animals listed below:
 - reptiles (turtles, lizards, snakes and iguanas);
 - amphibians (frogs, toads, newts and salamanders);
 - wild or exotic animals (for example, raccoons, squirrels, skunks, bats, monkeys). Consult with Public Health if unsure whether animal is defined as wild or exotic; and
 - chicks, chickens, ducklings or ducks.

❖ Hand hygiene after contact with all animals is important.

- Ensure children wash and dry hands thoroughly after contact with animals or animal feces, before eating or drinking, after going to the toilet and before departure.
- Bring wipes and alcohol-based hand sanitizing rubs. Use a hand rub with 70% to 90% ethanol or isopropanol alcohol. Ensure adult supervision of alcohol-based hand sanitizer use by children.

**** Animal bites that break the skin are to be thoroughly washed with soap and water and the child immediately assessed by a health-care practitioner.**

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9. Appendices

Appendix A: Common Childhood Communicable Diseases and Exclusion Periods

Diagnosis of the following infections must be made by a physician or nurse practitioner. These guidelines are for information purposes only.

Definitions:

1. - **Incubation period:** period of time between an exposure to an infectious disease, and the start of symptoms.
2. - **Contagious period:** period of time when person may transmit an infectious disease to others (symptoms may or may not be present).

The purpose of Appendix A is to provide the operator with a guide to common childhood diseases, their symptoms and exclusion periods once a child has been diagnosed with a specific disease by a healthcare practitioner.

Note: Upon consultation with public health, the operator of a facility has the discretion to exclude a child for a longer time period (ie: 48 hours) if indications of gastroenteritis outbreaks are at the ELC facility, in the community, etc.

The diseases, in this Appendix, include both notifiable (E.coli, measles, pertussis (Whooping Cough)), which are reportable by legislation and also some illnesses commonly seen in children (ie: hand, foot and mouth disease, lice) that may be present but not reportable to public health unless occur as an unusual cluster. When in doubt, contact the local PH office.

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
GASTROINTESTINAL INFECTIONS								
Campylobacter Bacterial Incubation period 1-10 days	Fever, diarrhea, blood in stool, cramps.	Contaminated foods (undercooked poultry and meats and unpasteurized milk), Spread person to person on contaminated hands, surfaces and objects.	For duration of diarrhea.	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc) Practice proper food handling practices and use safe drinking water supplies.	Until symptom free (diarrhea has stopped).	Yes	Yes	Yes
Clostridium difficile Bacterial Incubation period 5-10 days	<i>Fever, watery diarrhea,, blood in stool, cramps and loss of appetite</i>	<i>Found in the stool of an infected person.</i> <i>Spread person to person on contaminated hands, surfaces and objects.</i> <i>Also found in soil, raw meat and seafood.</i>	<i>For duration of diarrhea, but also may be spread from stool of persons with or without symptoms for extended periods of time.</i>	<i>Reinforce proper hand hygiene.</i> <i>Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc)</i> <i>Practice proper food handling practices</i> <i>Do not prepare food if ill.</i>	<i>Until symptom free(diarrhea has stopped)</i>	Yes	Yes	Yes
Cryptosporidium Parasite Incubation period 1-12 days	Non-bloody, watery diarrhea, abdominal cramps, loss of appetite and vomiting.	Contaminated drinking water, recreational water (swimming pools and lakes), and contact with baby animals. Spread person to person on contaminated hands, surfaces and objects.	While symptoms present and until the bacteria is no longer present in stool (possibly for many weeks).	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc) Practice proper food handling practices and use safe drinking water supplies.	Until symptom free (diarrhea has stopped). No swimming for two weeks.	Yes	Yes	Yes
Escherichia coli (E.coli 0157:H7) Bacterial Incubation period 2-10 days	Severe cramps, diarrhea and blood in stool. Fever none or slight.	Consumption of contaminated food and drinking water. Direct contact with animals.	For duration of diarrhea (some children will be contagious for up to three weeks).	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc)	Exclude until diarrhea has stopped and two stool cultures taken 24 hours	Yes	Yes	Yes – plus Public Health approval

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
		<p>Outbreaks in children have been associated with petting zoos.</p> <p>May also be found in recreational water.</p> <p>Spread person to person on contaminated hands, surfaces and objects</p> <p>Very small numbers of bacteria can make people sick.</p>		<p>Practice proper food handling practices and use safe drinking water supplies.</p>	<p>apart are negative.</p> <p>Proof of negative cultures must be provided to Public Health, who will then notify the facility of re-admittance permission.</p>			
<p>Gastroenteritis - undiagnosed (2 or more cases)</p> <p>Possibly caused by Bacterial/ Parasite (such as Salmonella, Campylobacter, Giardia) or Viral (Norovirus, Rotavirus, etc.)</p> <p>(Rotavirus is the most common cause of severe diarrhea in young children.)</p>	<p>Rapid onset of diarrhea (which can sometimes be bloody), vomiting, nausea, abdominal cramps and sometimes fever.</p>	<p>Consumption of contaminated food and drinking water.</p> <p>Spread person to person on contaminated hands, surfaces and objects.</p> <p>Some are highly infectious.</p>	<p>Bacterial/parasitic while symptoms persist and potentially longer depending on the disease. Carriers without symptoms may sometimes transmit disease.</p> <p>Viral most contagious during the presence of symptoms, and shortly thereafter.</p>	<p>Reinforce proper hand hygiene.</p> <p>Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc)</p> <p>Practice proper food handling practices and use safe drinking water supplies.</p> <p>Do not prepare food if ill.</p>	<p>Yes</p> <p>For outbreaks - exclude until 48 hours symptom free.</p> <p>Some cases will require negative stool cultures to return, consult with Public Health to confirm.</p>	<p>Yes</p> <p>Report if there is bloody diarrhea, or when an outbreak is suspected</p>	<p>Yes</p> <p>If outbreak/ cluster of illness or if advised by Public Health</p>	<p>Yes</p> <p>Public Health sign off may be required for some illnesses (E.coli, Shigella, or as indicated by Public Health)</p>

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Gastroenteritis - single case of undiagnosed	As above for multiple cases.	As above for multiple cases.	As above for multiple cases	As above for multiple cases.	Yes Exclude until symptom free (diarrhea has stopped), child is well enough to attend the facility, and child practices good personal hygiene. Note: Upon consultation with public health, the operator of a centre has the discretion to exclude a child for a longer time period (ie: 48 hours) if indications of gastroenteritis outbreaks are at the ELC facility, in the community, etc..	No	No	No
Giardia Protozoa Incubation period: 3 - 25 days	Most children have no symptoms-may be loss of appetite, vomiting, cramps, diarrhea, soft stool, excessive gas.	Consumption of contaminated food and drinking water. Spread person to person on contaminated hands, surfaces and objects.	Infectious until cysts no longer excreted in stool.	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc). Practice proper food handling practices and use safe drinking water supplies.	Yes exclude until symptom free (diarrhea has stopped).	Yes	Yes	Yes
Hepatitis A Viral Incubation period:	Most children do not have any symptoms. If symptoms are present, they usually consist of	Found in the stool of an infected person. Spread directly from person to person or in food, water, objects or surfaces that have been contaminated.	Two weeks before until one week after the onset of jaundice.	Encourage proper hand hygiene. Disinfection of diaper tables between children.	Yes One week after onset of jaundice	Yes	Yes	Yes

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
15 - 50 days (Average of 30 days)	sudden onset of loss of appetite, nausea, fatigue, fever, abdominal pain. There may be changes in stool or urine color (tea coloured urine, light coloured stools) yellowing of skin or eyes (jaundice).			Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc). Practice proper food handling practices and using safe drinking water supplies.	and as directed by Public Health.			
Norovirus (Norwalk-like) Viral Incubation period: 10 hours – 2 days	Nausea, vomiting, diarrhea, abdominal pain, headache, tiredness,	Consumption of contaminated food and drinking water. Spread person to person on contaminated hands, surfaces and objects.	Most contagious during the presence of symptoms, and shortly thereafter.	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys). Do not prepare food if ill.	Yes Exclude until at least 48 hours until symptom free (diarrhea/ vomiting has stopped).	Yes	Yes	Yes
Rotavirus Viral Incubation period: 1 - 3 days	Vomiting, fever and watery diarrhea. Severe dehydration may also occur.	Consumption of contaminated food and drinking water. Spread person to person on contaminated hands, surfaces and objects.	Most contagious during the presence of symptoms, and shortly thereafter.	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys). Do not prepare food if ill.	Yes Exclude until at least 48 hours until symptom free (diarrhea has stopped).	Yes	Yes	Yes
Salmonella Bacterial Incubation period: 6 hours – 3 days	Abdominal pain, diarrhea, fever, sometimes vomiting.	Consumption of contaminated food and drinking water. Spread person to person on contaminated hands, surfaces and objects.	For duration of diarrhea.	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc) Practice proper food handling practices and use safe drinking water supplies.	Yes Exclude until at least 48 hours symptom free (diarrhea has stopped).	Yes	Yes	Yes

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
<p>Salmonella typhi (Typhoid Fever)</p> <p>Bacterial</p> <p>Incubation period 8-14 days</p>	Abdominal pain, diarrhea, constipation, fatigue, fever, no appetite, rose coloured spots on body.	<p>Consumption of contaminated food and drinking water.</p> <p>Spread person to person on contaminated hands, surfaces and objects.</p>	While symptoms present and until the bacteria is no longer present in stool (possibly for many weeks).	<p>Reinforce proper hand hygiene.</p> <p>Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc)</p> <p>Practice proper food handling practices and use safe drinking water supplies.</p>	<p>Yes</p> <p>Exclude until multiple stool cultures (number of cultures to be determined by Public Health) are negative. Public Health will notify the facility of re-admittance permission.</p>	Yes	Yes	Yes - plus Public Health approval
<p>Shigella</p> <p>Bacterial</p> <p>Incubation period: 1 - 7 days</p>	Diarrhea, nausea, fever, blood and/or mucous in stool.	Spread person to person on contaminated hands, surfaces and objects.	While symptoms present and until the bacteria is no longer present in stool (possibly for many weeks).	<p>Reinforce proper hand hygiene.</p> <p>Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc)</p> <p>Practice proper food handling practices and using safe drinking water supplies.</p>	<p>Yes</p> <p>Exclude until diarrhea has stopped and two stool cultures taken 24 hours apart are negative.</p> <p>Proof of negative cultures must be provided to Public Health, who will then notify the facility of re-admittance permission.</p>	Yes	Yes	Yes – plus Public Health approval

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
OTHER DISEASES								
COVID-19 Viral Incubation Period: Up to 14 days	Fever, new or worsening cough, sore throat, headache, runny nose, difficulty breathing, new loss of smell or taste, new onset of fatigue, diarrhea. Children may have purple markings on fingers and toes.	Person to person through nose/mouth droplets, indirect spread by contaminated hands, objects and surfaces.	Infectious period may vary based on variant and vaccination status. Mild cases are infectious for approximately 2 days before symptoms appear and for up to 10 days after diagnosis, more severe cases may be infectious for at least 20 days.	Reinforce proper hand hygiene. Reinforce and educate on cough/sneeze etiquette. Enhanced disinfection of high touch surfaces (doorknobs, handrails, toys). Encourage vaccination for staff and eligible children.	Exclude until symptoms have improved and child has not had a fever for 24 hours. To return, child must be well enough to participate comfortably in all program activities.	No	Yes	Yes
Fifth Disease (parvovirus B19, erythema infectiosum) Viral Incubation period: 4 - 20 days	Rash begins on the cheek - "slapped cheek appearance" followed in 1-4 days, by lace-like rash on the trunk and extremities which fades but may reoccur for 1 – 3 weeks on exposure to sun or heat.	Contact with respiratory secretions / saliva of an infected person.	Most contagious a few days before onset of rash. Not likely contagious once rash appears.	Reinforce proper hand hygiene and cough etiquette. Pregnant staff and parents should contact their health care provider.	No exclusion required	No	Yes	No

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Hand, Foot and Mouth Disease (coxsackievirus, enterovirus) Viral Incubation period: 3 - 5 days	Rash on palms of hand, soles of feet, buttocks and inside mouth, may look like tiny red dots, blisters or ulcers. Fever, headache, sore throat, fatigue may accompany the rash.	Contact with nose or throat secretions (droplets or saliva) or stool of an infected person.	During presence of symptoms and perhaps longer as virus persists in stool for several weeks.	Reinforce proper hand hygiene – especially when diapering very young children.	No exclusion required unless child is not well enough to participate comfortably in all program activities.	No	Yes	No
Herpes simplex (cold sores) Viral Incubation period: 2 - 12 days	Fever, lesions filled with fluid on lips, face most often; however, may also occur on other areas of the body.	Direct contact with saliva or fluid from lesions.	Infection remains for life, with lesions appearing on occasion. Contagious when lesions are present.	Prevent contact with saliva or fluid from lesions; cover lesions if possible. Encourage proper hand hygiene. Disinfection of objects that may have come in contact with fluid from lesions.	No exclusion required, unless child is not able to cover the lesions and has poor hand hygiene; significant drooling that cannot be controlled or is too ill to participate in activities.	No	No	No
Influenza Viral Incubation period: 1 - 4 days	Muscle aches, nasal congestion, sore throat, severe fatigue, cough, headache, sneezing, runny nose, fever.	Person to person through nose/mouth droplets, indirect spread by contaminated hands, objects and surfaces.	One day before illness onset to five days after onset. Children may be infectious for longer periods of time.	Reinforce proper hand hygiene. Reinforce and educate on cough etiquette. Regular disinfection of high touch surfaces (doorknobs, handrails, toys). Encourage annual flu vaccination.	No exclusion required.	No need to report individual cases to Public Health	No	No

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
<p>Lice - head or body</p> <p>Incubation period for eggs: 1 - 2 weeks</p>	<p>Itching/scratching of head or body.</p> <p><u>Lice</u>: Dark brown adult or lighter brown young, crawling lice (hard to see as they move quickly).</p> <p><u>Lice eggs/nits</u>: grey-white, oval in shape and are size of a grain of sand.</p> <p>Attached to the hair close to the scalp. Unable to be flicked off.</p>	<p>Contact with the person's head (head lice) or body (body lice), or personal articles which have come in contact with the head or body parts; brushes, combs and headgear may transfer mature head lice</p> <p>Lice do not fly, swim or jump onto another person.</p>	<p>While lice remain alive on the individual.</p>	<p>Avoid sharing combs, brushes, hats, hair bands, scrunchies and head sets. Put hats and scarves in coat sleeves.</p> <p>Treatment: Recommended only when live lice have been seen.</p> <p>Close contacts should be checked and only treated if live lice are found.</p> <p>Educate parents/caregivers to check child's head weekly.</p> <p>Educate on washing the affected child's bed linen and clothes in hot water, and use hottest dryer setting.</p> <p>Contact Public Health if any questions.</p>	<p>No exclusion required.</p> <p>Cases should receive appropriate treatment.</p> <p>Watch for symptoms which may suggest other cases (such as head scratching).</p>	No	Yes	No
<p>Measles</p> <p>Viral</p> <p>Incubation period: 7 - 21 days</p>	<p>Fever, watery/red eyes, runny nose, and cough prior to the appearance of a red blotchy rash.</p> <p>Rash usually begins on the face, spreads down the trunk and out to the extremities and lasts 4 - 7 days.</p>	<p>Highly contagious; contact with nose or throat secretions (droplets or saliva) of an infected person.</p>	<p>4 days before the rash appears and up to 4 days after onset.</p>	<p>Ensure all children are immunized as per NB Routine Immunization Schedule.</p>	<p>Yes</p> <p>Until 4 days after the appearance of the rash.</p>	Yes	Yes	Yes

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Meningitis Bacterial Incubation period: 2 - 10 days Viral forms of meningitis also exist but do not require exclusion.	Symptoms may include: fever, stiff neck, headache, vomiting, unusual sleepiness, irritability, lack of appetite; sometimes rash or seizures, leg pain.	Close direct contact with nose or throat secretions (droplets or saliva) of infected person.	7 days before onset of symptoms until 24 hours after starting effective antibiotic treatment.	Immunization may provide protection against certain strains. See NB Routine Immunization Schedule. Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys). Discourage sharing of water bottles, glasses, utensils.	Yes, as per Public Health guidance. Viral cases not excluded.	Yes	Yes	Yes
Molluscum contagiosum Viral Incubation period: a few days to months	Round, smooth and firm papules (nodules) that have an ulcer (hole) in the middle.	Direct contact with lesions.	Likely as long as lesions persist. May remain for many months to years without treatment.	Avoid direct contact with lesions. Disinfect surfaces. Treatment of existing lesions. Avoid sharing towels and washcloths.	No exclusion required.	No	No	No
Mononucleosis Viral Incubation Period: 4 - 6 weeks	Fever, sore throat, swollen glands, fatigue.	Contact with nose or throat secretions (droplets or saliva) of infected person or articles soiled with saliva.	Undetermined. Virus excretion may occur for many months or years after infection.	Discourage sharing beverages, utensils or any contact with an infected person's saliva. Reinforce proper hand hygiene.	No exclusion required. Fatigue may persist for many months.	No	Yes	No
Mumps Viral Incubation period: 12 - 25 days	Swollen, tender glands on one or both sides of the face. May have fever, headache or muscle pain. Many do not have symptoms.	Contact with nose or throat secretions (droplets or saliva) from an infected person.	From 7 days before swelling appears until 9 days after.	Ensure all children are immunized as per NB Routine Immunization Schedule.	Yes Confirmed cases of mumps should be excluded until 5 days after onset of swelling.	Yes	Yes	Yes

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
<p>Pink-Eye (Conjunctivitis)</p> <p>Numerous causes. Infections are bacterial or viral:</p> <p>Incubation period for bacterial: 1 - 3 days</p> <p>Incubation period for viral: 5 - 12 days</p>	<p>Red, watery, itching, burning eyes: swollen eyelids, sensitivity to light.</p> <p>A discharge may cause eyelids to crust over and stick together. Bacterial infections usually produce yellow, thick, crusty discharge.</p>	<p>Contact with discharge from the eye, or nose / throat secretions of an infected person</p>	<p>During the course of the infection. Usually very infectious.</p> <p>*Bacterial: Infectious until 24 hours after onset of appropriate antibiotic treatment.</p> <p>*Viral: Infectious as long as there is eye discharge.</p>	<p>Reinforce proper hand hygiene.</p> <p>Discourage sharing of towels or washcloths.</p>	<p>Yes</p> <p>If conjunctivitis is suspected, the child should be seen by a health care practitioner.</p> <p>If bacterial, exclude until at least 24 hours of antibiotic treatment is completed.</p> <p>If viral, exclude until resolution of eye discharge.</p>	No	Yes	Yes
<p>Respiratory Infections – Common colds and RSV: Respiratory Syncytial Virus</p> <p>Viral</p> <p>Incubation period: Between 12 hours and 5 days, usually 48 hours</p>	<p>Runny, congested nose, sneezing, chills, sore throat, headache, tiredness which may last 2 - 7 days.</p> <p>Upper respiratory tract illness such as cough, congestion, runny nose, fever.</p> <p>RSV may cause more severe lung infections in the very young, very old or those with compromised immune systems.</p>	<p>Contact with nose or throat secretions (droplets or saliva) of an infected person or contaminated hands.</p> <p>Contact with toys, tissues or other objects contaminated with droplets from coughs and sneezes.</p>	<p>Up to 7 days, or until symptoms resolve.</p>	<p>Reinforce proper hand hygiene</p> <p>Educate on coughing / sneezing in a tissue or a sleeve.</p>	<p>No exclusion required.</p>	No	No	No

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Ringworm Fungal Incubation period: Body: 4 - 10 days Scalp: 10 - 14 days	Body: Appears as flat, ring-shaped rash with a raised edge and scaly patches that may blister and ooze. As lesions spread outward, the center often becomes clear. Scalp: May be difficult to detect in early stages. Begins as small, scaly patch which spreads leaving scaly patches of temporary baldness.	Direct contact with lesions from infected person, animal or contaminated articles.	As long as lesions are present and viable fungus persists on contaminated materials.	Keep lesions dry and covered with protective dressing. Reinforce proper hand hygiene. Environmental sanitation important.	Yes, until treatment is started. Some restriction of activities may be recommended (depending on the infection site).	No	Yes	No
Roseola infantum (Sixth disease, Exanthum Subitum) Viral Incubation period: 5 - 15 days	Congestion, runny nose, red eyes, with high fever. Child remains fairly well, despite the high fever. When the fever breaks, appearance of raised rash on child's trunk which spreads over the body. Usually occurs in children under 4 years - most common before 2 years.	Direct contact with nose or throat secretions (droplets or saliva) of an infected person.	Probably most contagious before the rash appears. Should be considered contagious until symptoms resolve.	Reinforce proper hand hygiene. Educate on coughing / sneezing in a tissue or a sleeve.	No exclusion required.	No	Yes	No

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
<p>Rubella (German Measles)</p> <p>Viral</p> <p>Incubation period: 2 - 3 weeks</p>	<p>May have mild fever and cough, runny nose, congestion, red/watery eyes, followed by a rash that spreads from the face to the rest of the body.</p> <p>Swelling of lymph glands behind the ears is common.</p>	<p>Direct contact with saliva or the respiratory secretions of an infected person.</p>	<p>From 1 week before to approximately 7 days after onset of rash.</p>	<p>Ensure all children are immunized as per NB Routine Immunization Schedule.</p>	<p>Yes</p> <p>Exclude for 7 days after onset of rash. If child has congenital rubella and is less than one year old, consult with Public Health. Risk of severe damage to fetus if pregnant woman gets rubella in first trimester, therefore all staff should prove immunity (vaccination or blood test, prior to employment, if possible).</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Scabies Incubation period: up to 3 weeks	Caused by mites which burrow under the skin. Seen as wavy, threadlike, very small, slightly elevated grayish white burrows. Most frequently found between the fingers, on the elbow, hands and wrists, but may be found elsewhere on the body. Itching may be severe especially at night. In children younger than 2 years, rash may occur anywhere on body. On older children rash usually occurs on fingers, elbows, armpits and abdomen.	Direct contact with infected areas of the skin or contaminated articles.	Until mites are destroyed by treatment. A second treatment one week after the first course is recommended.	Educate on washing the affected child's bed linen and clothes in hot water, and use hottest dryer setting.	Yes An infected person should be excluded until 24 hours after first treatment is completed. Note: household contacts should also be treated, even though they may be without symptoms. Watch for symptoms which may suggest other cases (such as itching).	No	Yes Notice to other parents should include a recommendation to examine their child.	Yes
Streptococcal Diseases Bacterial				Same for all types of Strep. Infections				
1. Impetigo Incubation period: 1 - 3 days	An infection of the skin marked by pus-filled sores. Often has a "honey" coloured crust. Located around mouth and nose, or arms and legs. Itching may be common.	Direct contact with discharge from sores.	As long as pus filled lesions continue to drain.	Refrain from sharing beverages, utensils and any contact with an infected person's saliva. Avoid contact with any lesions, especially when draining fluid. Encourage proper hand hygiene.	Yes , until 24 hours after antibiotic treatment has been initiated.	No	Yes	Yes

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
2. Strep Throat Incubation period: 1 - 3 days	Fever, sore throat, red throat with pus, swollen glands.	Contact with respiratory tract secretions, saliva of an infected person.	If untreated may remain infectious up to 10 - 21 days. If treated with antibiotics, will not be infectious after 24 hours.	Refrain from sharing beverages, utensils and any contact with an infected person's saliva. Encourage proper hand hygiene.	Yes, until 24 hours after antibiotic treatment has been initiated.	No	Yes	Yes
3. Scarlet Fever Incubation period: 1 - 3 days	May include symptoms of strep throat, plus a very fine raised rash. Appears most often on the neck, chest, in the folds of the arm pit, elbow, groin and inner thigh. A reddish tongue may be present. Later there may be peeling of skin on fingertips and toes.	Same as with strep throat.	If untreated may remain infectious up to 10-21 days. If treated with antibiotics, will not be infectious after 24 hours.	Refrain from sharing beverages, utensils and any contact with an infected person's saliva. Encourage proper hand hygiene.	Yes, until 24 hours after antibiotic treatment has been initiated.	No	Yes	Yes
Varicella Chickenpox Viral Incubation period: 2 - 3 weeks	Fever and skin rash that comes in crops. Rash begins on chest, back, underarms, neck and face and then spreads to the arms and legs. The rash changes to blisters and then crusts over before healing.	Direct contact with nose or throat secretions (droplets or saliva) and from lesions of an infected person. Very infectious.	Usually 1-2 days before the appearance of the rash and until 5 days after the first crop of blisters appears or until the last blister has crusted.	Discard articles soiled by nasal or throat secretions, or discharges from lesions. Contact Public Health for advice regarding immuno-suppressed children. Reinforce proper hand hygiene. Ensure all children are immunized as per NB Routine Immunization Schedule	Yes Exclude until child is well enough to return and participate in program activities. Parents and staff of immuno-suppressed children should be notified that chickenpox is present in the facility.	Yes	Yes	No

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Shingles (Herpes zoster) Viral Incubation period: 10 – 21 days	Localized groups of painful fluid filled lesions. Looks like chickenpox and is caused by the same virus but are located in one area on the body and occurs in people who have already had chickenpox.	Persons who have not had chickenpox in the past are at risk of getting chicken pox if they come in contact with fluid from the shingles rash. A person will not contract shingles from someone who has shingles.	Until all lesions have scabbed.	Immuno-suppressed or pregnant contacts should be referred to their health care practitioner. Cover open lesions when possible. Reinforce proper hand hygiene.	No exclusion required unless skin lesions cannot be covered.	No	Yes	No
Whooping Cough (Pertussis) Bacterial Incubation period: 6 - 20 days	Initial signs are runny nose; coughing and sneezing followed 1 - 2 weeks later by characteristic cough (series of cough attacks which may end with a high pitched gasp of air called a whoop). May vomit after episodes of coughing. Not all children present with the typical cough.	Contact with nose or throat secretions (droplets or saliva) of an infected person or articles soiled with these secretions.	Very infectious in early stages. Minimal risk after 3 weeks of onset of cough. No longer contagious after 5 days of appropriate antibiotic.	Ensure all children are immunized as per NB Routine Immunization Schedule. Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys.)	Yes	Yes	Yes	Yes

References:

Canadian Pediatric Society – Caring for Kids: http://www.caringforkids.cps.ca/wellbeings/wellbeings_index
 Heymann, DL, editor. *Control of Communicable Diseases Manual 20th edition*, Washington, DC; American Public Health Association; 2015.

Appendix B: New Brunswick Guide for Exclusion of Children in Early Learning and Childcare Facilities

Purpose of Appendix B is to simplify exclusion periods and return after exclusion requirements for both operators and parents.		
Disease/Infection	Exclusion Criteria	Return After Exclusion Form Required?
Campylobacter	Exclude until symptom free (diarrhea has stopped).	YES
Clostridium difficile	Exclude until symptom free (diarrhea has stopped).	YES
COVID-19	Exclude until symptoms have improved, child has not had a fever for 24 hours and child is feeling well enough to participate in normal daily activities.	YES
Cryptosporidium	Exclude until symptom free (diarrhea has stopped). No swimming for 2 weeks.	YES
E.coli 0157:H7	Exclude until symptom free (diarrhea has stopped) and 2 stool cultures taken 24 hours apart are negative. Proof of negative cultures must be provided to Public Health, who will then notify the facility of re-admittance permission.	YES Public Health signature required
Giardia	Exclude until symptom free (diarrhea has stopped). No swimming for 2 weeks.	YES
Hepatitis A	Exclude as directed by Public Health, usually until one week after onset of jaundice. If no jaundice was present, exclude 2 weeks after onset of symptoms.	YES
Measles	Exclude until 4 days after onset of rash.	YES
Meningitis (Bacterial)	Exclude until 24 hours after child has started effective treatment and is well enough to participate in normal daily activities. No exclusion for viral meningitis.	YES
Mumps	Exclude cases until 5 days after onset of swelling.	YES
Norovirus/Norwalk	Exclude until 48 hours symptom free (diarrhea has stopped).	YES
Pinkeye (conjunctivitis)	Exclude until child is seen by a healthcare practitioner. If cause is viral, can return to the childcare setting with a healthcare practitioner's approval. If cause is bacterial, can return after 24 hours of appropriate antibiotic treatment completed.	YES
Ringworm	Exclude until treatment is started. Some restriction of activities may be recommended (depending on the infection site).	YES
Rotavirus	Exclude until 48 hours symptom free (diarrhea has stopped).	YES
Rubella (German Measles)	Exclude for 7 days after onset of rash. If child has congenital rubella and is less than one year old, consult with Public Health.	YES
Salmonella	Exclude until 48 hours symptom free (48 hours after diarrhea has stopped).	YES
Salmonella typhi	Exclude until symptom free (diarrhea has stopped) and stool cultures taken 24 hours apart are negative (number of stool cultures to be determined by Public Health). Proof of negative cultures must be provided to Public Health, who will then notify the facility of re-admittance permission.	YES Public Health signature required
Scabies	Exclude until 24 hours after first treatment is completed.	YES

Condition	Exclusion Criteria	Return After Exclusion Form Required?
Scarlet Fever	Exclude until 24 hours after antibiotic treatment has been initiated.	YES
Shigella	Exclude until 48 hours symptom free (diarrhea has stopped) plus 2 stool cultures taken 24 hours apart are negative. Proof of negative cultures must be provided to Public Health, who will then notify the facility of re-admittance permission.	YES Public Health signature required
Streptococcal Disease (i.e. Strep Throat, Impetigo, Scarlet Fever)	Exclude until 24 hours after antibiotic treatment has been initiated.	YES
Undiagnosed gastroenteritis - undiagnosed suspect infectious outbreak/cluster – 2 or more cases (i.e. viral, bacterial)	Exclude until 48 hours symptom free (diarrhea has stopped) or as directed by Public Health.	YES
Undiagnosed gastroenteritis - single case	Exclude until symptom free (diarrhea/vomiting/fever has stopped) and child is well enough to attend. Note: Any cases of bloody diarrhea must be reported immediately , and the child must be seen by a healthcare practitioner. Upon consultation with public health, the operator of a centre has the discretion to exclude a single undiagnosed case for a longer time period (ie: 48 hours) if norovirus/Norwalk is strongly suspected.	NO
Whooping Cough (Pertussis)	Exclude as directed by Public Health.	YES
Chicken Pox (Varicella Zoster)	Exclude until child feels well enough to return to facility.	NO
Herpes Simplex (cold sores)	Exclude children who are not able to cover lesions, have poor personal hygiene, excessive drooling, or are too ill to participate in activities. Exclusion is not indicated for recurrent cold sores.	NO

Note: Parents must notify the operator within 24 hours of a confirmed diagnosis from a health care practitioner.

In a situation where a risk to public health exists (such as during an outbreak or with certain diseases of public health significance), the Regional Medical Officer of Health, may, under the *Public Health Act*, require the implementation of any measures necessary to reduce the risk of spreading communicable diseases. This may include excluding certain children or staff from the facility, closing sections of the facility or the entire facility.

Appendix C: Links to hand washing signs and procedures

Sample cleaning schedule:

https://www.caringforkids.cps.ca/uploads/wellbeings/Cleaning_and_sanitizing_ENG_2016.pdf

Sample hand washing signs and procedures:

Canadian Paediatric Society "*When to Wash Hands*"

www.caringforkids.cps.ca/uploads/wellbeings/wash_hands.pdf

Department of Health [Download a poster \(qnb.ca\)](#)

Appendix D: Recommended Routine Procedures for Cleaning, Sanitizing, and Disinfecting in Early Learning and Childcare Facilities

Refer to section 4.3 Environmental cleaning, sanitizing and disinfection and appendix 39 in the Operator Manual- Full-time and Part-time Early Learning and Childcare Centres for specific information on disinfectants, sanitizers and cleaning procedures.

Appendix E in the *Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare Facilities* has recommendations on how to mix bleach disinfectants and sanitizers. All other chemicals should be mixed and used according to manufacturer's instructions.

Operators should have test strips to verify that appropriate sanitizer and disinfectant strengths have been mixed.

This Appendix is intended to guide operators when they are cleaning, sanitizing and disinfecting within the ELC facility. It replaces previous recommendations for cleaning, sanitizing and disinfection in ELC facilities. Appropriate sanitizers or disinfectants should be used, depending on the surfaces.

Items unable to be cleaned are to be discarded as recommended or when necessary. "Necessary" is deliberately broad and requires use of discretion. For example, sensory items (such as feathers, pine cones, and commercial play dough) are unable to be cleaned and disinfected after use so are recommended to be discarded after one week of use or always when in an outbreak. Handmade play dough is to be discarded more frequently as recommended.

Low touch areas, such as walls, blinds and floors, should be disinfected daily if there is an outbreak or a positive COVID-19 case. High touch areas such as light switches, doorknobs, toilets and faucets require cleaning and disinfection daily or twice daily if an outbreak or positive COVID-19 case.

Note: sometimes a low-touch surface may be considered as high-touch. For example, where young children frequently play on the floor or climb on window sills, those surfaces should be considered high-touch surfaces and should be cleaned and disinfected frequently and cleaning schedules adjusted as needed.

Areas/Items	Cleaning Method	After Each Use	At least daily or more frequently when necessary	At least weekly or more frequently when necessary	At least monthly or more frequently when necessary	Other
Toys and equipment						
Non-porous toys	Cleaned and disinfected			X		
Toy shelves and boxes	Cleaned and disinfected			X		
Soft washable toys	Laundered*			X		
Dress-up clothes Suspend use/discard when lice present	Laundered*			X		
Mouthed toys	Cleaned and sanitized	X				
Bibs	Cleaned and sanitized	X				

Areas/Items	Cleaning Method	After Each Use	At least daily or more frequently when necessary	At least weekly or more frequently when necessary	At least monthly or more frequently when necessary	Other
High chair table	Cleaned and sanitized	X				
Cribs/cots	Cleaned and disinfected			X		
Soothers/pacifiers	Cleaned and sanitized	X				
Play dough-commercial Suspend use/discard during outbreaks	Discarded			X		
Play dough-homemade Suspend use/discard during outbreaks	Discarded		X			
Water play table Suspend use/discard during outbreaks	Cleaned and disinfected	X				
Water play toys Avoid toys that allow entry of water into areas that cannot be cleaned	Cleaned and disinfected		X			
Dry sensory food materials (macaroni, rice, etc.) Suspend use/discard during outbreaks	Discarded			X		
Sensory play items (items unable to be cleaned such as unfinished wood, pine cones) Suspend use/discard during outbreaks	Discarded				X	
Dry sand table contents	Discarded				X	
Sand table toys	Cleaned and disinfected			X		
Foam play mats	Cleaned and disinfected		X			

Areas/Items	Cleaning Method	After Each Use	At least daily or more frequently when necessary	At least weekly or more frequently when necessary	At least monthly or more frequently when necessary	Other
Sleep areas						
Sheets and blankets (from either the facility or home)	Laundered*			X		
Nap mats/cots (stored so there is no contact with another nap mat/cot)	Cleaned and disinfected			X		
Nap mats/cots (not stored separately)	Cleaned and disinfected on both sides	X				
All areas						
Food contact surfaces	Cleaned and sanitized	X				
Doorknobs, light switches, tabletops, railings, floors, sinks, non-food contact surfaces, chairs	Cleaned and disinfected		X			
Upholstered furniture	Vacuumed**		X			
Upholstered furniture	Steam cleaned					2 times per year and when contaminated
Small area rugs	Laundered				X	
Carpets	Vacuumed**		X			
Carpets-general areas	Steam cleaned					2 times per year and when contaminated
Carpets- Infant rooms	Steam cleaned					Every 3 months and when contaminated
Floors	Cleaned and disinfected		X	X		Weekly if low touch, daily if medium to high touch
Garbage containers	Emptied		X			
Garbage containers	Cleaned and disinfected			X		

Areas/Items	Cleaning Method	After Each Use	At least daily or more frequently when necessary	At least weekly or more frequently when necessary	At least monthly or more frequently when necessary	Other
Washrooms						
Change table/pad Including the entire surface of the change area and the sides of the change surface	Cleaned and disinfected. For commercial disinfectants follow the manufacturer's instructions.	X				
Toilets/urinals	Cleaned and disinfected		X			
Stall walls/partitions	Cleaned and disinfected		X			
Stall walls/partitions-fabric	Laundered		X			
Potty chairs/seats	Cleaned and disinfected	X				
Sinks	Cleaned and disinfected		X			
Animal equipment						
Litter boxes	These should not be cleaned in the kitchen, food preparation areas or child play areas. Sink or tubs used for cleaning must be thoroughly cleaned and disinfected after each use.		X			
Cages, aquariums	These should not be cleaned in the kitchen, food preparation areas or child play areas. Sink or tubs used for cleaning must be thoroughly cleaned and disinfected after each use.					As required

*Ensure proper segregation of clean and soiled laundry. Do not shake soiled linens and laundry. Use pre-wash cycle. Use regular wash cycle with hot water (60°C/140°F) and detergent. Dry separately from uncontaminated items at a temperature greater than 77°C (170°F). There is no need to wash or disinfect tubs of washers or dryers if cycles are run until complete.

** If contaminated by bodily fluids clean as per section 4.3 in the Guidelines for the Prevention and Control of Communicable diseases in Early Learning and Childcare Facilities

Appendix E: Guide for Mixing Bleach-based Sanitizers and Disinfectants in Early Learning and Childcare Facilities

A guide for mixing bleach is included, as this chemical strength can vary depending on use. Other commercially prepared sanitizers and disinfectants should come with instructions on mixing for the desired strength or pre-mixed to a specific strength by the manufacturer.

The first two columns on the left are intended for use for both routine and outbreak sanitizing and disinfection at a facility. The second columns have specific uses only and are included for use in the situations indicated. The columns for routine and outbreak use are highlighted in green for clarity.

Routine and Outbreak Disinfection		Use Under Specific Circumstances ONLY	
Strength	Strength	Strength	Strength
100 ppm	500 ppm	1000 pm	5000pm
Note: Strength equals the amount of bleach in parts per million (ppm) per amount of water			
Use this level for sanitizing food contact surfaces such as dishes, highchair trays, utensils, pacifiers and other toys that the children place in their mouth.	Use this level for disinfecting general household surfaces. Use on low-touch surfaces such as blinds, floors and walls.	Use this level to disinfect high touch surfaces (light switches, doorknobs, faucets, toilets). Use for COVID-19 outbreaks as directed by Public Health.	Use this level to disinfect surfaces contaminated with blood and body fluids (i.e. vomit, diarrhea, mucus or feces), and Hepatitis A and viral gastroenteritis outbreaks (ie: Norovirus, etc.) during outbreaks and as directed by Public Health.
Mixture	Mixture	Mixture	Mixture
100 ppm (5.25%) bleach 2 ml (1/2 tsp) bleach in 1 L (4 cups) water or 10 ml (2 tsps) bleach in 5 L (one gallon) water	500 ppm (5.25%) bleach 10 ml (2 tsps) bleach in 1L (4 cups) water	1000 ppm (5.25%) bleach 20 ml (4 tsps) bleach in 1L (4 cups) water	5000 ppm (5.25%) bleach 100 ml bleach in 1L (4 cups) water or ¼ cup bleach in 2¼ cups water
Contact time	Contact time	Contact time	Contact time
1 minute Let air-dry completely	5 minutes Let air dry completely	1 minute Rinse with clean water, air dry	10 minutes Rinse with clean water, air dry

Appendix F: Public Health Communicable Disease Team Contact List

The PH Communicable Disease team consists of a public health inspector, a public health nurse and the regional medical officer of health. Depending on the illness question, a PHI or PHN will be available to help you when you call the Communicable Disease line. If no CD line is indicated, call the main office and you will be directed as appropriate. The after-hours emergency number has been included to reach public health after hours **during an emergency situation only**.

Department of Public Safety Public Health Inspectors	Regional Health Authority Public Health Nurses
Central Region Fredericton (Regular hours): Main office (506) 453-2830 Communicable Disease Line (506) 444-5905	Zone 3 Fredericton (Regular hours): Main office (506) 453-5200 Communicable Disease Line (506) 444-5905
Central Region After Hours Emergency Number 1-506-453-8128	
South Region Saint John (Regular hours): Main office (506) 658-3022 Communicable Disease Line (506) 658-5188	Zone 2 Saint John (Regular hours): Main office (506) 658-2454 Communicable Disease Line (506) 658-5188
South Region After Hours Emergency Number 1-506-658-2764	
East Region Moncton (Regular hours): Main office (506) 856-2814 Communicable Disease Line (506) 856-3220 Miramichi (Regular hours): Main Office (506) 778-6765 Communicable Disease Line (506) 778-6104	Zone 1 Moncton (Regular hours): Main office (506) 856-2401 Communicable Disease Line (506) 856-3220 Zone 7 Miramichi (Regular hours): Main office (506) 778-6765 Communicable Disease Line (506) 778-6104
East Region After Hours Emergency Number 1-506-856-2004	
North Region Edmundston (Regular hours): Main office (506) 737-4400 Campbellton (Regular hours): Main office (506) 789-2549 Bathurst (Regular hours): Main office (506) 549-5550	Zone 4 Edmundston (Regular hours): Main office (506) 735-2065 Zone 5 Campbellton (Regular hours): Main office phone number (506) 789-2266 Zone 6 Bathurst (Regular hours): Main office phone number (506) 547-2062
North Region After Hours Emergency Number 1-506-789-2428	

Note:

Regular hours are 8:15 am - 4:30 pm Monday-Friday.

The after-hours emergency number is to report notifiable diseases after 4:30 pm on weekdays and on the weekends and holidays. The after-hours number is intended for emergency reporting only – operators are asked to keep the after-hours number confidential within the facility (only for operators and staff).