Common Childhood Illnesses

A Guide for Principals, Teachers and Licensed Child Care Providers

Prepared by the Thunder Bay District Health Unit (TBDHU) to assist school and child care staff with managing childhood infections or diseases.

The goal of this resources is to work collaboratively to keep our children healthy.



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Overview

This resource includes an overview of 29 common childhood illnesses (infections or diseases) of concern by providing information on signs, symptoms, means of spread as well as any exclusion guidelines that may apply for each infection.

Some illnesses are **reportable** to the Thunder Bay District Health Unit (TBDHU) **if the child receives a diagnosis** from a health care provider (physician or nurse practitioner). These reportable diseases are considered "Diseases of Public Health Significance" and Ontario law makes them reportable to public health. A full list of reportable diseases is available in Section 4 on page 9. Please see Section 5 for more detailed information many of these reportable diseases as well as others that are not reportable but common in children.

Any child who is ill and unable to participate fully in regular activities should be cared for at home.

The Canadian Pediatric Society's "Health Conditions and Treatments", available at <u>caringforkids.cps.ca</u> is another recommended resource.

For questions regarding information in this document:

Contact the Infectious Disease program at (807) 625- 5900 ext. 8318 OR toll-free at 1 (888) 294-6630 ext. 8318

For questions regarding outbreaks and other licensed child care questions:

Contact the public health inspector assigned to your facility at (807) 625- 5900 OR toll-free at 1 (888) 294-6630

For more information on vaccines and vaccine eligibility:

Contact the Vaccine Preventable Diseases program at (807) 625-5908 or toll-free at 1 (888) 294-6630

Section 1: Information for Child Care Providers

1.1 | Specific Symptoms Suggesting Illness - Licensed Child Care

A list of specific symptoms that suggest a child may be ill and should be sent home from licensed child care can be found at <u>TBDHU.com/childcareoperators</u> under the *Child Care Manual for Operators* section of the page.

1.2 | Gastrointestinal Outbreaks in Licensed Child Care Centres

An outbreak occurs when a greater than expected number of children in a licensed child care centre have similar symptoms within a designated period of time. (e.g. vomiting, diarrhea, rash, respiratory symptoms).

Operators should refer to the *Gastrointestinal (Enteric) Outbreak Management Guidelines for Staff of Child Care Facilities* for next steps, including contacting TBDHU. This document is available at <u>TBDHU.com/childcareoperators</u>.

Section 2: Bites

2.1 | Animal

• Visit <u>TBDHU.com/health-topics/animal-bites-scratches</u> for information on next steps.

2.2 | Ticks

• Visit <u>TBDHU.com/ticks</u> for more information.

2.2 | Human

- Consult a health care provider if there are any concerns.
- Provide first aid so the wound does not become infected.
- There is only a risk if the skin is broken and the person is positive for a blood borne infection.

Section 3: Infection Control

Overview:

- Follow routine practices at all times (see below for more details).
- Separate children, if possible, from other children when they become ill.
- Follow the exclusion guidelines provided and re-admit a child only when they have recovered as outlined in Section 5.
- Consider the layers of protection against respiratory illnesses (see below for more details).

3.1 | Staff Exposures

A health care provider should assess any staff exposed to an infectious disease who also have specific health concerns, such as pregnancy and immunosuppression.

3.2 | Routine Practices

Routine practices are based on the premise that everyone is potentially infectious even if they do not show signs or symptoms of an illness. The same safe standards of practice should be used routinely with every child when a staff person is exposed to blood, bodily fluids, secretions, excretions, mucus membranes, non-intact skin or soiled items.

- Perform hand hygiene regularly, including after cleaning/disinfecting and before and after using disposable gloves.
 - If soap and water are not available and hands are not visibly dirty/soiled, use alcohol-based sanitizer
- Clean and disinfect frequently touched surfaces
- Ensure areas contaminated by biological spills (e.g. vomit, feces) are cleaned and disinfected
- Wear single use, disposable gloves when hands may come into contact with blood, bodily fluids, vomit or feces
- Please see Appendix 1 for a more detailed description for routine practices, respiratory etiquette and resources to help teach children.

3.3 | Layers of Protection

The layers of protection approach protect everyone, especially those who are at higher risk of developing severe outcomes from these viruses. Each layer of protection helps prevent the spread of germs and when combined together, they lower the risk of illness.

- Stay up to date on all vaccines including the seasonal flu shot and COVID-19
 - Please see Appendix 4 for vaccine information
- Screen for symptoms and stay home if sick
- Choose to wear a mask if it works for an individual's situation
- Keep hands clean and cover coughs and sneezes
 - Wash hands with soap and water or use alcohol- based sanitizer if soap and water are not available and hands are not visibly soiled
 - Cover coughs and sneezes with an elbow or tissue; dispose of tissues right away and clean hands
- Clean and disinfect frequently touched surfaces

3.5 | Contacting TBDHU

Principals and child care centre operators should report as soon as they are aware of the diagnosis of one of the reportable illnesses (see page 8) and provide the following:

- name of child and their date of birth
- name of parents/guardians, a contact phone number and address
- child/student's health care provider and contact information

Call (807) 625-8318 or toll-free 1-888-294-6630, ext. 8318

(Monday-Friday, 8:30am to 4:30pm).

After hours and on weekends/holidays call

Thunder Bay Answering Service at (807) 624-1280.

Section 4: List of Reportable Illnesses

Some illnesses are **reportable** to the Thunder Bay District Health Unit (TBDHU) **if the child receives a diagnosis** from a health care provider (physician or nurse practitioner).

These reportable diseases are considered "Diseases of Public Health Significance" and Ontario law makes them reportable to public health.

Those listed in red and marked with an asterik must be reported immediately.

Acquired Immunodeficiency Syndrome (AIDS) *Acute flaccid paralysis (AFP) Amebiasis Anaplasmosis *Anthrax Babesiosis Blastomycosis *Botulism *Brucellosis Campylobacter enteritis 'Candida auris Carbapenemase-producing Enterobacteriaceae (CPE) infection or colonization Chancroid Chickenpox (Varicella) Chlamydia trachomatis infections *Cholera *Clostridum difficile infection (CDI) outbreaks in public hospitals Coronavirus Disease 2019 (COVID-19) *Coronavirus, novel including *MERS *SARS *Creutzfeldt-Jakob Disease, all types Cryptosporidiosis Cyclosporiasis *Diphtheria

Echinococcus multilocularis infection

Encephalitis, primary, viral Encephalitis, post-infectious, vaccinerelated, subacute sclerosing panencephalitis, unspecified Food poisoning, all causes *Gastroenteritis, outbreaks in institutions and public hospitals Giardiasis, except asymptomatic Gonorrhea *Group A Streptococcal disease, Group B Streptococcal disease, neonatal *Haemophilus influenzae disease, all types, invasive *Hantavirus pulmonary syndrome *Hemorrhagic fevers, including: *Ebola virus disease *Marburg virus disease *Lassa fever and *other viral causes *Hepatitis A, viral Hepatitis B, viral Hepatitis C, viral Influenza (*novel strains) Legionellosis Leprosy Listeriosis Lyme Disease *Measles *Meningitis, acute, including: *Bacterial Viral and

*Meningococcal disease, invasive Mumps Ophthalmia neonatorum Paralytic shellfish poisoning Paratyphoid Fever Pertussis (Whooping Cough *Plague Pneumococcal disease, invasive *Poliomyelitis, acute Powassan Virus Psittacosis/Ornithosis *O Fever *Rabies *Respiratory infection outbreaks in institutions and public hospitals Rubella Rubella, congenital syndrome Salmonellosis Shigellosis *Smallpox Other Orthopoxviruses Including mpox Syphilis Tetanus Trichinosis Tuberculosis Tularemia Typhoid Fever Verotoxin-producing E. coli infection, including Hemolytic Uremic Syndrome (HUS) West Nile Virus Illness

Yersiniosis

Other

Section 5: Common Childhood Illnesses

The following section will provide a list of common childhood illnesses, in chart format. Each chart will include:

- The illness and what causes it as well as whether or not it is vaccine preventable
- Whether or not it is reportable to TBDHU
- Exclusion guidelines
- Signs and symptoms to monitor for
- How it spreads
- The contagious period
- Tips for prevention and control

Routine Practices to prevent transmission:

- See the Routine Practices Outlined in Appendix 1 at the end of this document.
- Reference is made to these practices throughout the following pages specific to each illness.

For questions regarding information in this document:

Contact the Infectious Disease program at (807) 625- 5900 ext. 8318 OR toll-free at 1 (888) 294-6630 ext. 8318

For questions regarding outbreaks and other licensed child care questions:

Contact the public health inspector assigned to your facility at (807) 625- 5900 OR toll-free at 1 (888) 294-6630

For more information on vaccines and vaccine eligibility:

Contact the Vaccine Preventable Diseases program at (807) 625-5908 or toll-free at 1 (888) 294-6630

5.1 | Chickenpox

Disease	 Caused by Varicella-zoster virus Incubation period is 2-3 weeks Vaccine preventable
Reportable to TBDHU?	Yes
Exclusion Guidelines	 Uncomplicated individual cases of chicken pox do not require public health management. Exclusion from school or child care is usually not recommended if the child is well enough to participate in normal activities
Signs & Symptoms	 Fever and skin rash. Rash begins on chest, back, underarm, neck and face which then turn into blisters, and then scabs May have a mild fever, malaise, muscle aches and headache prior to rash onset *Call a health care provider if the child develops a high fever or if new blisters occur after the 4th day.
How it Spreads	 Contact with discharge from nose, mouth or blisters of an infected person, or through the air.
Contagious Period	 Very contagious, usually 1-2 days before the onset of the rash This period continues until the blisters are crusted over.
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue. Disinfect or discard items soiled by nasal, throat or blister discharge Refer those who are immunosuppressed and/or pregnant women to health care provider.

Disease	 Respiratory infection caused by the SARS-CoV-2 virus Incubation period is 2-14 days (2-4days for omicron) Vaccine preventable
Reportable to Health Unit?	Yes
Exclusion Guidelines	 Excluded until fever free for 24 hours Or 48 hours symptom free if experiencing nausea, vomiting or diarrhea and until feeling well enough to participate in normal daily activities
Signs & Symptoms	 Fever, chills, cough, shortness of breath, decreased or loss of taste and smell, runny nose, nasal congestion, headache, fatigue, sore throat, muscle aches/ joint pain, Gastrointestinal symptoms (nausea, vomiting, diarrhea)
How it Spreads	 Person to person through large droplets spread by the infected person when they sneeze, cough or talk Indirect spread through contaminated hands, objects and surfaces
Contagious Period	2-3 days before symptom onset and 10 days after symptom onset or positive test
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue Clean and disinfect contaminated objects and surfaces.

5.3 | Fifth Disease (Slapped Cheek)

Discoss	Coursed by Dorsey's a D40 is a
Disease	Caused by <i>Parovirus B19</i> virus
	 Incubation period is 4-21 days
Reportable to Health Unit?	No
Exclusion Guidelines	No exclusion necessary
Signs & Symptoms	 Rash begins on cheek and appears as a "slapped cheek" followed in 1-4days by a lace-like rash on the torso, arms and legs. May have a mild fever, malaise, muscle aches and headache before the rash appears. Rash may reoccur for 1-3 weeks with exposure to sunlight or heat
How it Spreads	 Through the air by droplets from coughing or sneezing Through contact of the infected person or things that they have touched If a pregnant woman is infected, there is a small risk of spread from mother to fetus
Contagious Period	 Most contagious prior to onset of rash Lower risk of spreading the virus after the onset of rash
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue, Avoid sharing items used for eating and drinking Refer those who are immunosuppressed and/or pregnant women to health care provider.

5.4 | Flu (Influenza)

Disease Reportable to TBDHU?	 Caused by the Influenza A or B virus Incubation period is 1-4 days Vaccine preventable - Annual flu shot Yes
Exclusion Guidelines	Excluded until fever free for 24 hours and feeling well enough to participate in normal daily activities
Signs & Symptoms	Muscle aches, nasal congestion, sore throat, chest discomfort, cough, headache, sneezing, runny nose, fever
How it Spreads	 Person to person through large droplets by the infected person when they sneeze, cough or talk. Indirect spread through contaminated hands, objects and surfaces.
Contagious Period	 24 hours after the onset of symptoms to 7 days after the onset of symptoms Children may be contagious for longer periods of time (7-10 days after the onset of symptoms
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue Clean and disinfect contaminated objects and surfaces.

5.5 | Gastrointestinal Illness

Disease	Caused by a variety of bacteria, viruses and parasites
Reportable to TBDHU?	Yes - Licensed child care centres should refer to Section 1.2
Exclusion Guidelines	Symptom free for 48 hours
Signs & Symptoms	Diarrhea, vomiting, nausea, cramps
How it Spreads	 Eating or drinking contaminated food or water Directly from person to person through fecal-oral route by contaminated hands or objects
Contagious Period	 While symptomatic, and also after symptoms resolve Carriers may spread without exhibiting symptoms
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Clean and disinfect change tables after each diaper change. Clear and disinfect all environmental objects and surfaces on a regular schedule Increase daily washroom cleaning frequency.

5.6 | Hand, Foot and Mouth Disease

Disease	Caused by <i>Enterovirus</i>.Incubation period is 3 to 5 days.
Reportable to TBDHU?	No
Exclusion Guidelines	 No exclusion necessary as long as the child has been fever free for 24 hours and is well enough to participate in normal daily activities.
Signs & Symptoms	 Fever, headache, sore throat and mouth, loss of appetite and lack of energy. Rash on palms of hands, soles of feet and inside of mouth that may look like tiny red dots or blisters. Rash may also occur on the buttocks.
How it Spreads	 Direct contact with stool, saliva, nose and throat secretions or fluid from the blisters of an infected person. Indirect contact with contaminated toys, objects or surfaces.
Contagious Period	 Most contagious during first week of illness Virus may remain in the stool and throat secretions for weeks after illness
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue Clean and disinfect all items soiled with discharge from nose or mouth Clean and disinfect all toys or objects touched by infected person.

5.7 | Hepatitis A

Disease Reportable to TBDHU?	 Caused by the Hepatitis A Virus Incubation period is usually 28-30 days (range 15-50 days) Vaccine preventable Yes
Exclusion Guidelines	 Exclude for 14 days from the onset of illness, or 7 days from the onset of jaundice
Signs & Symptoms	 Onset is usually sudden with loss of appetite, nausea, tiredness, fever and stomach ache Tea coloured urine, light-coloured stools and jaundice (yellowing of eyes and/ or skin) may appear Symptoms are generally absent or much milder in children than adults
How it Spreads	 Virus is found I stool of infected person and spreads through direct contact with stool and unwashed hands of an infected person Can also be spread by consuming food prepared by an infected person or drinking water contaminated with virus
Contagious Period	 Approximately 14 days before onset of symptoms until about 7 days after onset of jaundice Infants and children may continue to shed virus in their stool for up to 6 months
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Clean and disinfect all items soiled with discharge from nose or mouth

5.8 | Impetigo

Discoss	
Disease	Caused by either Group A Streptococcal (strep) or Staphylococcus aureus (staph)
	bacteria
	Infection starts when bacteria enter the had at through a put insect bits or
	body through a cut, insect bite or scratch
Reportable to TBDHU?	 Incubation period is 1 to 10 days No
•	-
Exclusion Guidelines	 Exclusion until 24 hours after antibiotic treatment has started (May be oral or topical) Lesions on exposed skin should be covered
Signs & Symptoms	 Skin infection marked by isolated pusfilled spots, which crust over, break open and release straw coloured fluid Usually found around the mouth and nostrils or exposed parts of the body (arms/legs)
How it Spreads	 Direct contact with rash or discharge from the rash of an infected/ untreated person Contact with secretions from the nose or throat of an infected person
Contagious Period	 After 24hrs of antibiotic treatment, a child with impetigo is no longer contagious Keep rash covered as long as it continues to drain
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue Clean and disinfect all items soiled with discharge from nose, mouth or rash Make sure children do not share clothing, towels, or bedding with other children while contagious

5.9 | Lice (Head Lice or Pediculosis)

Disease	 Incubation period for eggs is 9-10 days
Reportable to TBDHU?	No
Exclusion Guidelines	No need to exclude due to the presence of live lice or nits
Signs & Symptoms	 Itching of the scalp, back of neck or hairline Crawling lice in the hair and eggs (nits) glued to the hair near the scalp
How it Spreads	 Direct hair to hair contact is the most common method of spread Indirect contact when child shares hats, combs, hair brushes, hair accessories, helmets or headphones
Contagious Period	 While live lice and live nits are present If untreated, lice can live for 3-4 weeks in the hair Nymphs and adults can live up to 3 days away from the human host. Eggs can survive away from the human host for up to 3 days, but they need the higher temperature found near the scalp to hatch
Prevention and Control	 Clean items that may have come into prolonged or close contact with the head (brushes & combs) Wash items in hot water (66°C), dry in a hot dryer for 15mins or store in air/water tight bag for 2 weeks (e.g., Hat, pillowcases, etc.) Families of children in a classroom or childcare center with an active disease of lice should be informed of the management of headlice, and the lack of risk of serious disease Excessive environmental cleaning is not needed Children should not share hats, combs, hair brushes, or accessories, helmets or headphones

5.10 | Measles

Disease Reportable to TBDHU? Exclusion Guidelines	 Caused by the Measles (Rubeola) virus Incubation period is about 10 days, but may be 7-21 days from last exposure to a case Vaccine preventable Yes Until 4 days after the appearance of the rash
Signs & Symptoms	 Fever, red watery eyes, runny nose and cough prior to a red blotchy rash appearing on day 3 to 7 Small white spots can appear on the inside of the mouth and throat The rash usually begins on the face, then spreads down the trunk and out to the extremities and lasts 4-7 days
How it Spreads	 Spreads easily through the air via droplets that have been expelled by coughing, sneezing, or breathing Can stay in the air for 2 hours after the infected person has left the area Through direct contact with respiratory secretions (nose/mouth secretions) Through contact with a contaminated surface and then touching eyes, nose or mouth
Contagious Period	 From 4 days before the onset of the rash until 4 days after the rash appears **Extremely contagious**
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue Avoid sharing drinking glasses, cups, water bottles and utensils Contact TBDHU as there are possible treatments if you come in contact with Measles.

5.11 | Meningitis (Bacterial) - Non-Meningococcal

Disease	 Caused by various types of bacteria Incubation period is dependent on the type of bacteria identified Some cases are Vaccine Preventable
Reportable to TBDHU?	Yes
Exclusion Guidelines	 Until 24 hours after the child has started effective antibiotic treatment, and child feels well enough to participate in normal daily activities
Signs & Symptoms	 Sudden onset of high fever, stiff neck, headache, vomiting, unusual sleepiness, irritability, and lack of appetite Less common symptoms include rash or seizures
How it Spreads	Direct contact with respiratory droplets from the nose and throat of an infected person
Contagious Period	Contagious until 24-48 hours after starting effective antibiotic treatment
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue Avoid sharing drinking glasses, cups, water bottles and utensils Clean and disinfect all mouthed toys Watch exposed children closely for early signs of illness.

5.12 | Meningitis (Meningococcal)

 Caused by the Neisseria Meningitidis bacteria which is found in the nose and throat of approx. 10% of the population Incubation period is 2-10 days (usually 3-4 days Some strains are vaccine preventable Diagnosis is confirmed with a blood test, and/or cerebrospinal fluid (CSF)
Yes
 Exclude until after 24 hours of antibiotics has been completed
 Sudden onset and may include fever, intense headache, nausea and often vomiting, budging fontanelle (soft spot) in infants, stiff neck, stiff back in older children, rash Photophobia may also occur (light sensitivity)
 Direct contact with the nose and throat secretions of an infected person (kissing, sharing anything placed into the mouth) Breathing the air contaminated with bacteria when an infected person coughs or sneezes
 From 7 days prior to onset of symptoms to 24 hours after antibiotics are started
 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue Avoid sharing drinking glasses, cups, water bottles and utensils Clean and disinfect all mouthed toys Watch exposed children closely for early signs of illness

5.13 | Meningitis (Viral)

Disease	 Caused by any number of viruses, many of which are associated with other diseases 50% of cases have no obvious cause Incubation period: Depends on virus, but generally symptom appear within 1 week of exposure
Reportable to TBDHU?	Yes
Exclusion Guidelines	 Until child is well enough to participate in normal daily activities
Signs & Symptoms	 Sudden onset and may include fever, headache, nausea and vomiting, stiff neck, tiredness, rash, sore throat Illness usually lasts less than 10 days
How it Spreads	 Person to person through fecal- oral or respiratory droplet (mouth or nose secretions) spread Varies by causative virus
Contagious Period	Varies according to causative virus
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue Avoid sharing drinking glasses, cups, water bottles and utensils Clean and disinfect all mouthed toys Watch exposed children closely for early signs of illness No specific treatment

5.14 | Methicillin-Resistant Staphylococcus Aureus (MRSA)

Disease	 Caused by the Staphylococcus aureus bacteria that have become resistant to certain antibiotics (e.g., methicillin, penicillin, amoxicillin) Incubation period varies
Reportable to TBDHU?	No
Exclusion Guidelines	 No exclusion necessary IF the sore is not draining, and can be covered with a dry dressing. Must be fever free for 24 hours Avoid activities such as sports that involve skin-to-skin contact until the infection is healed
Signs & Symptoms	 Red, painful bumps under the skin (e.g., boils, abscesses) Sores may be painful and may contain pus or may be covered with a honey-coloured crust Sometimes sores look like spider bites Fever and chills
How it Spreads	 Direct skin to skin contact Contact with an environmental surface or object (e.g., computers, doorknob, faucets, gym mats, shared sports equipment) that is contaminated with MRSA bacteria
Contagious Period	As long as the sores continue to drain
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Ensure children do not share facecloths, towels or bedding Wash items in hot water (66°C), dry in a hot dryer for 15mins or store in air/water tight bag for 2 weeks (e.g., Hat, pillowcases, etc.) Carefully clean or dispose of items that are soiled with discharge from the child's sore

5.15 | Molluscum Contagiosum

Disease	 Caused by the <i>Poxvirus</i> Incubation period ranges from 7 days to 6 months
Reportable to TBDHU?	No
Exclusion Guidelines	No exclusion necessary as long as the child is well enough to participate in daily activities
Signs & Symptoms	 Tiny painless bumps on the skin that grow over several weeks Bumps become small, waxy, pinkishwhite, raised lesions which may have a small dimple in the center of them In children, bumps are most often found on the face, stomach, arms and legs
How it Spreads	 Direct skin to skin contact, contact with bumps or the hands of an infected person Contact with the environmental surface or contaminated object used by infected person
Contagious Period	 Unknown, most likely as long as the bumps exist
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Discourage sharing of towels and blankets Carefully clean and disinfect OR dispose of articles soiled by the lesions of an infected person When possible, bumps not covered by clothing should be covered by a water tight bandage

5.16 | Mononucleosis (Mono)

Disease	 Caused by the Epstein-Barr virus (EBV) Incubation period is usually 4-6 weeks from contact with infected person
Reportable to TBDHU?	No
Exclusion Guidelines	 No exclusion necessary once child feels well enough to participate in daily activities This may take 1-2 weeks after onset of symptoms
Signs & Symptoms	 Fever, sore throat, swollen lymph glands, lethargy (exhaustion), enlarged liver or spleen Jaundice (yellowing of eyes and/or skin) occurs occasionally
How it Spreads	 Through direct and indirect contact with the nose and throat secretions of an infected child Kissing, sharing anything that the infected person may put in their mouth (toys, sippy cups, food, soothers, water bottles, mouthpieces of musical instruments) Touching something contaminated with an infected persons saliva
Contagious Period	 Unclear, but prolonged The infected person is most infectious when symptoms are at their peak but may remain infectious for up to a year after illness
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue Carefully clean and disinfect OR dispose of articles that are soiled with infected persons nose or throat secretions

5.17 | Mumps

Disease Poportable to TPDHII2	 Caused by the mumps virus Incubation prior is 12-25 days; average is 16-18 days Vaccine Preventable
Reportable to TBDHU?	Yes
Exclusion Guidelines	 Until 5 days after onset of swelling of salivary glands
Signs & Symptoms	 Swollen and tender glands at the jaw line on one or both sides of the face May include fever, malaise, headache, inflamed testicles and respiratory symptoms Symptoms are sometimes so mild that disease is not recognized
How it Spreads	 Spreads from person to person through droplets from the nose or throat of an infected person (saliva, secretions from the nose) when coughing, sneezing or breathing Can also be spread though kissing, sharing a toy that has been in the mouth or sharing a glass with an infected person
Contagious Period	 From 7 days before swelling appears and up to 5 days after the onset of the swelling of salivary glands
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue Carefully clean and disinfect OR dispose of articles that are soiled with infected persons nose or throat secretions

5.18 | Norovirus

Disease	Incubation period is 12- 24 hours
Reportable to TBDHU?	No
Exclusion Guidelines	Until symptom free for 48 hours
Signs & Symptoms	 Nausea, vomiting, stomach cramps, diarrhea, mild fever, headache, muscle aches and fatigue Symptoms usually last 1-2 days
How it Spreads	 Spreads easily from person to person Passed in stool and vomit Spread through contact with the contaminated hands of an ill person or contact with contaminated objects (fecal-oral) Also believed to be spread by droplets in the air via breathing contaminated air where an infected person has vomited Can live on surfaces for long periods of time
Contagious Period	While symptoms are present and at least 48 hours after symptoms end
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Stay home if ill Avoid sharing items used for eating and drinking Increase daily washroom cleaning frequency Clean and disinfect contaminated surfaces and objects Ensure all accidents are cleaned and disinfected carefully and appropriately

5.19 | Pink Eye (Conjunctivitis)

Disease	 Caused by either a virus or bacteria Incubation period for bacterial is 1-3 days
Reportable to TBDHU?	No
Exclusion Guidelines	 If diagnosed as bacterial and discharge is pus (yellow, thick), exclude until antibiotics have been taken for 24 hours If diagnosed as viral, no exclusion necessary
Signs & Symptoms	 Red or pink eyeballs, itching, tearing, sensitivity to light and discharge from the eye Bacterial: Thick, yellow/green discharge, sticky eyelids, pain Viral and non-infectious: watery discharge, mild or no pain
How it Spreads	 Spreads easily through direct or indirect contact with discharge from an infected person's eye Droplets from child's sneeze or cough can spread the disease
Contagious Period	During the course of active infection while the child has symptoms
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue No sharing of towels, washcloths, pillowcases or makeup Clean and disinfect toys and surfaces

5.20 | Pinworms

Disease	 Pinworms are tiny, white, thread-life worms that live in the large intestine The female worms crawl out of the anus (bum) at night and lay eggs on the nearby skin Pinworms can be unpleasant and uncomfortable but they do not cause disease Incubation period is usually 1-2months or longer
Reportable to TBDHU?	No
Exclusion Guidelines	No exclusion necessary
Signs & Symptoms	 Intense itchiness around the anus and vagina, especially at night Sleeplessness and irritability
How it Spreads	 An infected person who scratches the itchy area can get pinworm eggs on their fingers or under the fingernails which can then be ingested or spread to toys or objects Eggs can live for 2 weeks outside the body on clothing, bedding, or other objects Improper hand washing or child or staff after toileting or diapering
Contagious Period	As long as the female worms are still present and producing eggs
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Vacuum living areas and wash all bedding Do not shake bedding, the eggs could scatter Clean and disinfect all highly touched surfaces often

5.21 | Respiratory Syncytial Virus (RSV)

Disease	 Caused by the Respiratory Syncytial Virus Incubation period is 2-8 days RSV is usually a mild disease that can be managed at home Almost all children get RSV at least once before they are two years old Those younger than 1 yeah, premature infants, children and infants with breathing, heart problems or weakened immune systems are more at risk for developing serious illness NOTE: infants are offered RSV medication at birth
Reportable to TBDHU?	No
Exclusion Guidelines	Until fever free for 24 hours and feeling well enough to participate in normal daily activities
Signs & Symptoms	 Stuffy/ runny nose, low grade fever or chills, cough, rapid breathing or wheezing Lethargic (exhaustion), irritable, poor feeding in infants *RSV symptoms may resemble other illnesses, so a diagnosis is made by a health care practitioner.
How it Spreads	 Spread through direct or close contact with infected secretions and respiratory droplets (sneezes, coughs) Virus can live on uncleaned surfaces environmental surfaces for hours and 30 mins on unwashed hands
Contagious Period	Before the onset of symptoms and usually 3-8 days after the onset of fever
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue

5.22 | Respiratory Illness

Disease	 Influenza like illness, usually caused by a virus - some are vaccine preventable (influenza, COVID-19, RSV)
Reportable to TBDHU?	Yes
Exclusion Guidelines	 Until the child is fever free for 24 hours and can participate in normal activity
Signs & Symptoms	Two or more of the following symptoms: Runny nose, muscle aches, cough, sore throat, tiredness, nasal congestion, headache, chills, fever greater than 38°C
How it Spreads	 Person to person through large droplets spread by the infected person when they sneeze, cough, or talk Indirect spread through contaminated hands, objects or surfaces
Contagious Period	 Generally 24 hours before symptom onset to 7 days after symptom onset Children may be infectious for longer periods of time (e.g., 7-10 days)
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue Clean and disinfect contaminated objects and surfaces

5.23 | Ringworm

Disease Reportable to TBDHU?	 Skin infection caused by a fungus that can be found on the scalp, body, groin or feet Incubation period is 4-10 days
Exclusion Guidelines	Exclude until treatment by a health can provider has been started
Signs & Symptoms	 Body: Appears as flat, spreading ringshaped lesions. Edge of the lesion may be dry and scaly or moist and crusty. As lesions spread outward, the venter often becomes clear Scalp: May be difficult to detect in early stages. Begins as small, scaly patch which spreads leaving scaly pates of temporary baldness
How it Spreads	Direct contact with infected person, animal or contaminated articles such as hairbrushes, combs, bedding, clothing and gym mats
Contagious Period	 As long as lesions are present and viable, fungus will persist on contaminated materials
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Keep lesions dry and covered with a protective dressing Clean and disinfect all highly touched surfaces often Ensure children do not share hair brushes, combs, hats, pillows, sports equipment and towels

5.24 | Roseola (Sixth Disease)

Disease Reportable to TBDHU?	 Caused by human herpes virus 6 Incubation period is usually 9-10 days Occurs most commonly between the ages of 6 months to 2 years
Exclusion Guidelines	 Until fever free for 24 hours and child feels well enough to participate in normal daily activities
Signs & Symptoms	 Mild respiratory illness, followed by a high fever that appears suddenly and lasts 3-5 days Rash usually develops as fever is resoling, it is a rosy-pink rash that develops first on the neck and chest, and then spreads to the rest of the body. The rash turns white if you gently press on it and may have a lighter coloured ring that appears around it. Rash usually lasts a few hours and up to 2 days Child may be fussy or irritable with a decrease in appetite
How it Spreads	 Spread through direct or close contact with infected secretions and respiratory droplets (coughs, sneezes, laughing)
Contagious Period	 An infected child is most contagious during the period of high fever, before a rash develops
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue

5.25 | Rotavirus

Disease	 Most common cause of severe diarrhea in children aged 6 months to 2 years. Almost all children have had rotavirus by the time they are 3 years old. Incubation period is 1-3 days Vaccine preventable
Reportable to TBDHU?	No
Exclusion Guidelines	Exclude until symptom free for 48 hours
Signs & Symptoms	 Vomiting and fever followed by watery diarrhea Symptoms typically persist for 3-8 days. Most children recover without treatment Some children need to be hospitalized for re-hydration (replacement of fluids) due to diarrhea
How it Spreads	 Spread through contact with fecally contaminated hands or objects of an infected person Rotavirus can be found on toys and hard surfaces The virus is able to survive for long periods on hard surfaces, in contaminated water and on the hands.
Contagious Period	 During symptoms until diarrhea stops Usually not found in the stool after the 8th day of infection
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Clean and disinfect all highly touched surfaces often Increase daily washroom cleaning frequency

5.26 | Rubella (German Measles)

Disease	 Caused by the Rubella virus Incubation period is 2-3 weeks Vaccine Preventable
Reportable to TBDHU?	Yes
Exclusion Guidelines	 Exclude for 7 days after the onset of rash Contacts of the case who are immunosuppressed and/or women in early pregnancy should avoid contact with the case and consult with a health care provider
Signs & Symptoms	 Low grade fever, malaise (general unwell feeling), raised red pinpoint rash that starts on the face and spreads downwards Rash lasts approximately 3-5 days
How it Spreads	Through the air droplets from sneezing and couching or by contact with discharge of the nose and throat of the infected person
Contagious Period	 1 week before and at least 4 days after the onset of rash A child with rubella is most infectious when the rash is erupting
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue

5.27 | Scabies

Disease	 Caused by mites which burrow under the skin Incubation period is 2-6 weeks
Reportable to TBDHU?	No
Exclusion Guidelines	Until 24 hours after treatment begins *It is important that household contacts are also treated, even if they are symptom free
Signs & Symptoms	 Pimple like rash Slightly elevated tiny burrows that look like grayish-white or skin-coloured lines on the skin may be seen Most frequently found between the fingers, on the elbows, hands and wrists, but can be found elsewhere on the body Intense itching which may be severe especially at night
How it Spreads	Direct contact with infected person or articles immediately contaminated beforehand
Contagious Period	 Until mites are destroyed by treatment, a person can transmit scabies even if they are symptom free A second treatment (one week after first treatment) may be needed
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Wash items (hats, pillowcases, brushes and combs) in hot water (66°C), dry in a hot dryer for 15 minutes or store in an air/water tight bad for two weeks Send the infected child's special blanket and clothes home in a sealed bag to be washed in the same way Clean and disinfect all highly touched surfaces often

5.28 | Streptococcal Infections: Scarlet Fever and Strep Throat

Disease	Caused by the streptococcus bacteria
	 Incubation period is from 1-3 days from contact with infected person
Reportable to TBDHU?	No
Exclusion Guidelines	Until at least a full 24 hours after
	treatment with antibiotics and child feels
	well enough to participate in normal
	daily activities
Signs & Symptoms	Scarlett Fever
	Red rash that resembles a sunburn and
	feels like rough sand paper (most often
	begins on chest and stomach and then
	spreads to the rest of the body)
	Rash usually lasts 2-7 days When resh fodes alvin on hands and foot
	 When rash fades, skin on hands and feet may start to peel
	Fever, nausea, vomiting, sore throat
	Red swollen lips, strawberry like tongue
	Flushed cheeks and pale area around
	mouth
	Strep Throat
	Fever, very sore throat, swollen lymph
	glands, swollen tonsils, appetite loss
How it Spreads	Direct contact with an infected persons
	saliva, nose or throat secretions
	Indirect via droplets in the air from a
	sneeze or cough of infected person
Contagious Period	A child is no longer infectious 24 hours
	after antibiotics are started
	 If untreated, will remain contagious for 10-21 days and may carry the organism
	for weeks to months
Prevention and Control	Perform hand hygiene regularly; wash
	hands with soap and water or use
	alcohol- based hand sanitizer if hands
	are not visibly soiled.
	Cover cough and sneezes in the elbow
	or with a tissue
	 Clean and disinfect OR discard articles
	soiled by nose and throat secretions of
	infected person

5.29 | Whooping Cough (Pertussis)

5.29 Whooping Cough (Pertu	
Disease	 Caused by the Bordetella pertussis bacteria Incubation period is 6-20 days Vaccine preventable
Reportable to TBDHU?	Yes
Exclusion Guidelines	 In high right situations, stay home until 5 days of antibiotic treatment is given If no treatment is given, stay home 21 days after onset of symptoms (This is at the discretion of the Medical Officer of Health)
Signs & Symptoms	 Initial signs are mild coughing, sneezing, runny nose, low grade fever After 1-2 weeks, the cough worsens and the child may experience breathing difficulties including short convulsive-like coughs and high-pitched gasp of air called a whoop Child will sometimes vomit after coughing Cough will last for several weeks and generally decreased after about 6 weeks
How it Spreads	Direct contact with respiratory secretions of infected person or contaminated surfaces
Contagious Period	 Very infectious in the early stages Little risk 3 weeks after onset of cough even if it persists If treated with effective antibiotics, not contagious after 5 days
Prevention and Control	 Perform hand hygiene regularly; wash hands with soap and water or use alcohol- based hand sanitizer if hands are not visibly soiled. Cover cough and sneezes in the elbow or with a tissue Discuss with TBDHU Antibiotics may be recommended for high-risk, close contacts of an infected person Watch for signs and symptoms of disease for 20 days of last contact

Appendix 1: Routine Practices

A1.1 | What are Routine Practices?

Routine Practices are based on the premise that everyone is potentially infectious, even if they do not show signs or symptoms of illness. The same safe standards of practice should be used routinely with every child to prevent a worker from becoming exposed to blood, bodily fluids, secretions, excretions, mucus membranes, non-intact skin or soiled items.

Workers must assess the risk of exposure to blood, body fluids and non-intact skin and identify strategies that will decrease the exposure risk and prevent the transmission of illness.

Strategies include:

Hand Hygiene

- Wash hands before assisting a child with an injury
- o Wash hands after assisting child in the bathroom
- Wash hands before putting on gloves and after removing gloves
- o Wash hands after diapering a child
- Use of appropriate **Personal Protective Equipment** (PPE)
 - Wear single use, disposable gloves anytime your hands may come into contact with blood or body fluid, especially if you have a cut or open sore on your hands
 - Wear rubber gloves or single- use disposable gloves when cleaning up vomit or feces spill

• Environmental Cleaning

- o Clean and disinfect frequently touched environmental surfaces
- Clean and disinfect biological spills such as vomit and feces according to best practice (Please see A1.5)

A1.2 | Hand Hygiene

Hand washing, when done correctly, is the single **most effective way to prevent the spread of communicable diseases**. Proper hand washing technique is easy to learn and can significantly reduce the spread of infectious diseases among both children and adults.

It is important to encourage and help children to wash hands before eating, after playing outdoors or playing with pets, after using the bathroom, and after coughing or sneezing/blowing their noses. **Don't assume that children know how to wash their hands properly**. Supervision is an essential element in forming good hand washing habits in children. Children learn by example! Let them observe good hand washing technique from the adults who care for them.

The following **recommended hand washing procedure** should be followed:

- Wet hands with warm running water.
- Apply liquid soap from dispenser to the hands.
- Lather well using lots of friction for at least 15 seconds.
- Rinse well under warm water.
- Use paper towels to dry hands.
- Turn the taps off with paper towel (taps may be contaminated).
- Throw away used paper towels into lined, covered trash container.

Common mistakes that MUST be avoided when hand washing:

- Do not use a single, damp cloth to wash a group of children's hands.
- Do not use a standing basin or bucket to wash or rinse hands.
- Do not use a common cloth or towel to dry hands.

Alcohol-Based Hand Sanitizers

Alcohol-based hand sanitizers can be very effective when hands are not visibly soiled, but they must contain at least 70% alcohol. They can be used in situations where running water is not available and should only be used if the hands are not visibly dirty.

They are safe for use on children but it is important to let children know that they should not be swallowed. Supervision is important.

It is also important to store the product safely so children have no access without supervision. After the alcohol is rubbed in and evaporates, it is safe for children to touch their mouth or eyes.

A1.3 | Respiratory Etiquette

Besides proper hand hygiene, another important way to prevent the spread of illness-causing germs is by following proper respiratory etiquette (covering coughs and sneezes).

In the past, we taught children to cover their coughs and sneezes by using their hands. But, if hand hygiene is not performed immediately, the germs are transferred to other surfaces and could be passed on to others, thus continuing the spread of infection.

The following recommended respiratory etiquette procedure should be followed:

- Cough or sneeze into the upper sleeve or arm (e.g., where the elbow flexes), not the hands
- Perform hand hygiene immediately by washing with soap and warm water or by using an alcohol-based hand sanitizer of at least 70% alcohol.

This method decreases the spread of germs from your hands to others or other surfaces.

Staff can help the children practice the right technique and offer gentle reminders if needed. By being a role model, staff can reinforce using the upper sleeve to cover coughs and sneezes.

A1.4 | Resource to support instruction

To support hand hygiene and respiratory etiquette instruction, there are several resources available from the TBDHU's website at <u>TBDHU.COM/cleanhands</u>.

A1.5 | Guidelines for Handling Blood or Body Fluids

Avoid direct contact with body fluids (e.g., urine, feces, vomit and blood), as they all have the potential to spread germs. Germs in vomit and diarrhea may travel through the air, so it is important to clean up quickly.

Spill Kit:

A spill kit should be prepared ahead of time and should include the following items:

- Gloves (disposable)
- Paper towel
- Soap and detergent
- Plastic bags
- Disinfectant

Procedure:

The following is recommended:

- Wear disposable latex or vinyl gloves. Reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
- Remove all visible material, working from the least to the most soiled areas, using
 paper towel or single-cloth. If you are cleaning up feces or vomit, be careful not to
 agitate the material. Agitation can cause virus particles to become airborne. Put all
 material in a water-proof bag for disposal.
- Clean the area using soap or detergent, again working from the least to the most soiled areas.
- Disinfect the area using an approved broad-spectrum disinfectant following the manufacturer's directions for procedures and length of time to leave on surface. If using bleach, a 1:10 ratio is recommended. Slowly add 1 cup (250 ml) of bleach to 9 cups (2250mls) of water; or ½ cup (125ml) of bleach to 4 ½ cups (1125ml) of water.
- Discard gloves and other cleaning articles in a plastic bag.
- Wash hands after removing the gloves. Use soap and water for at least 15 seconds.
- Wash the non-disposable cleaning equipment (mops/buckets) thoroughly with soap and water and then rinse with an approved disinfectant.

More information:

For further information on dealing with blood or bodily fluids, please contact the Infectious Disease program at 625-8318 or toll free 1-888-294-6630, ext. 8318.

Appendix 2: General Infectious Disease Information

A2.1 | Infectious Diseases

Any infection or disease that can be spread from one person to another by a specific organism is considered to be infectious (also referred to as contagious or communicable). Children may be exposed to a variety of communicable infections/ diseases during their time at licensed child care and school. Staff can help limit the spread and the resulting illness by following these quidelines:

- Encourage children and students to practice consistent proper hand hygiene and respiratory etiquette (e.g., covering cough and sneezes with their sleeve). Please see Appendix for further information.
- Recognize significant changed in health and behavior patterns of children and students and consult with parents and/or appropriate school official, TBDHU, or other resources.
- Make sure appropriate actions are taken if a child or student is ill (e.g., exclusion, reporting to the health unit, etc.).

A2.2 | How Infection Spreads

Infections are illnesses that are caused by germs (e.g., bacteria, viruses, parasites, fungi).

- Germs are found in bodily fluids (saliva, blood, stool, vomit), in tiny droplets produced by breathing, coughing, sneezing or within infected areas of the skin. They can survive for hours, days, or even longer in the environment outside the infected person.
- Germs are spread from person to person in many ways
 - Through the air via tiny droplets (breathing, sneezing, coughing)
 - Contact with infected persons skin or contaminated surfaces
- Germs can survive for hours to days or even longer in the environment outside the infected person.
- A person can be infectious before symptoms develop, and even after recovery.
- In some cases, a person may be a carrier, this means that they can spread germs without having any signs of illness.

A2.3 | The Basics of Infection Control

Assume all children or students in your care are potentially infectious.

- Proper hand hygiene is the most important way to prevent the spread of infection.
- Keep frequently touched environmental surfaces, shared items (e.g., toys, computers) and hands as clean as possible.
- Make sure that children and staff are up to date with the recommended immunizations for their age. (www.ontario.ca/vaccines).
- Separate children, if possible, from other children when they become ill.
- Exclude children (keep them home) in accordance with the disease specific charts found in Section 5.
- Re-admit children only once they have recovered from the infection as outlined in the disease specific charts found in Section 5.

Appendix 3: Exclusion Responsibilities

A3.1 | Responsibility of principal or operator

It is the responsibility of the principal or licensed child care operator to exclude a child from attending if this measure is necessary to control the spread of the disease.

- Responsible person, at their discretion, may exclude a child or student if a risk to others is perceived.
- This is a personal decision between the responsible person, the parents/guardians and the child's healthcare provider
- TBDHU staff are available for advice if needed.

A3.2 | Medical Officer of Health Authority under Ontario Law

Licensed Child Care

Ontario's <u>Child Care and Early Years Act</u> (CCEYA) states that a child care centre must ensure that all children in their centre have completed immunizations appropriate to their age (or provided exemption) prior to admission, and a record of immunization must be kept as part of each child's record.

A child who has not received required vaccines may be excluded from licensed child care due to an outbreak or an immediate risk of an outbreak of a designated disease (regardless of legal exemption).

More information on immunization requirements for children attending licensed child care can be found at TBDHU.com/childcareoperators.

Schools

Under Ontario's <u>Immunization of School Pupils Act</u> (ISPA), parents/guardians of children attending public or private elementary and secondary schools must provide public health with proof of their child's immunization (or exemption) against specific diseases, including Diphtheria, Tetanus, Polio, Measles, Mumps, Rubella, Meningococcal disease, Pertussis (whooping cough), and Varicella (chickenpox for children born in 2010 or later).

A child who has not received required vaccines may be excluded from school due to an outbreak or an immediate risk of an outbreak of a designated disease (regardless of legal exemption).

Enforcement activities specific to ISPA will be communicated to schools and families each school year. For more information, see <u>TBDHU.com/schoolvax</u>.

Appendix 4: Vaccine Preventable Diseases

A4.1 | Immunization (Vaccines)

General Vaccine Recommendations

- Certain vaccines are available at no cost and are listed on Ontario's website at www.ontario.ca/vaccines.
 - o This includes vaccines for infants, toddlers and school-aged children.
 - After the age of 6 months, it is recommended that everyone gets a seasonal flu shot and their next dose of COVID-19 vaccine.

Licensed Child Care Requirements; children and staff

- Ontario law requires specific immunization requirements for both children attending licensed child care AND staff working in a licensed child care facility.
- Visit <u>TBDHU.com/childcareoperators</u> for more information on the specific immunization requirements for children AND the specific requirements for staff.

Schools

 Visit <u>TBDHU.com/schoolvax</u> for more information on the immunization requirements for students attending school in Ontario under the Immunization of School Pupils Act (ISPA).

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