# SAFE ENVIRONMENT

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ASTHMA IN CHILDREN IN THE CHILD CARE CENTRE

Background Information

In Ontario, 1 in 5 children have asthma. Children with asthma are at an increased risk for absenteeism because of asthma symptoms, effects of medication and poor asthma management (Howard & Potts-Datema, 2005). The onset of asthma symptoms is a result of contact or exposure to asthma triggers which can include furry animals, dust mites, temperature changes such as extreme cold or heat, medications, exercise, pollen, respiratory infections, tobacco or wood smoke, aerosol chemicals and perfumes (Global Initiative for Asthma, 2006). The implementation of simple processes within child care centres can help limit the exposure to triggers that cause asthma episodes or attacks.

If you have children with asthma under your care, it is important for you to: understand asthma and identify common asthma triggers, recognize signs and symptoms of worsening asthma, and to know how to access information and resources related to worsening asthma so that you will feel confident in managing children with an asthma episode.

For resources and information about how to create an asthma friendly child care centre staff presentation:

Call Durham Health Connection Line at 1-800-841-2729
Creating Asthma Friendly Child Care Centres
Seven Goals

Goal 1: Establish a process to identify children with asthma

Goal 2: Allow children with asthma easy access to their inhalers

Goal 3: Establish a child care centre-wide process for handling worsening asthma

Goal 4: Identify and reduce common asthma triggers within the child care centre environment

Goal 5: Encourage children with asthma to participate in child care centre activities to the best of their abilities

Goal 6: Provide child care centre personnel, parents and children opportunities to gain a general understanding of asthma

Goal 7: Collaborate with families, health care professionals and child care centre personnel to create asthma friendly child care centres

For more information call Durham Health Connection Line 1-800-841-2729
Sample Asthma Policy for Child Care Centres

Policy

ABC child care facility has implemented an asthma policy to ensure that all children and staff remain healthy within our facility.

Education

This policy will be reviewed by staff on an annual basis.

New staff will be orientated to this policy at the time of hire.

Information about asthma will be given to staff and parents through newsletters, notice boards, and meetings.

Ways to promote an asthma-friendly environment

- Upon enrollment parents of children with asthma will fill out a form which has information about the child’s asthma medications, asthma triggers, asthma symptoms, and what to do in the case of an asthma attack.
- Air quality and pollen counts will be monitored. If air quality is poor, and pollen counts are high, plan to have physical activity indoors.
- A child who is experiencing asthma symptoms, such as coughing or having difficulty breathing, will not be allowed to participate in physical activity until symptoms are under control.
- Encourage children with exercise-induced asthma to take their reliever inhaler (usually blue) 10 to 15 minutes before exercise. Their reliever inhaler and water should be kept close to the child at all times during exercise.
- Start any physical activity with a warm up, and have a cool down period at the end. If asthma symptoms develop, have the child stop the physical activity and use their inhaler. If asthma symptoms have subsided the child can continue on with the activities planned for their day. If the symptoms have not subsided after 5 to 10 minutes and the child needs to use their inhaler again, call 911, and have the child assessed by medical personnel. In either case ensure that the child’s parents are informed.
- Asthma triggers at the Child Care Centre will be identified and exposure reduced. Potential triggers include: scented markers, paints, cleaners, perfumes/aftershaves, chalk dust, musty gym mats/carpets/drapes, scented candles, seasonal decorations including holiday trees.
FOOD SAFETY

Day nurseries that provide daily meals are considered Food Premises and, as such, they must meet the requirements of the Ontario Food Premises Regulation (562/90) as amended. Food safety is especially important in a day nursery setting because any illness that can be spread through food or water may have a more serious impact on young children than on adults and may be spread more rapidly within any environment involving extensive interaction between young children.

To ensure that the children in their care are provided with food that is healthy and safe to eat, food service staff and childcare providers must practice good personal hygiene while preparing and serving food. Day nursery food handlers must know how to handle food properly at all times during transportation and receiving, storage, preparation, cooking and service. They must also ensure that food preparation and serving utensils, cooking equipment and other surfaces within the day nursery kitchen, food storage and food service areas, are maintained in a clean and sanitary condition.

Make Food Safety a Priority in Your Day Nursery Centre!

It is strongly recommended that day nursery foodhandlers and supervisors be properly trained and certified in safe food handling procedures. Speak with your area Public Health Inspector, or call our Environmental Help Line at 1-888-777-9613 and ask to speak to an Environmental Clerk to receive current information regarding the availability of upcoming Food Handler Training and Certification courses and examinations.

Personal Hygiene

Food handlers and staff serving foods must carefully wash their hands:
✔ before and after handling any foods or food contact utensils
✔ after going to the washroom
✔ after diapering children or after assisting them with toileting
✔ after wiping noses or cleaning up any blood, vomitus or other body fluids
✔ after participating in outdoor activities
✔ after handling garbage and cleaning products or equipment
✔ after handling classroom pets and their equipment or litter

And any other time hands may have become soiled!

Food handlers must wear clean outer garments and headgear that confines the hair any time they are handling or preparing food. Staff who are only involved in the service of pre-prepared food are not required to wear headgear.
Food handlers must not work within 24 hours of experiencing any symptoms of food-borne illness (e.g. vomiting, diarrhea, nausea, stomach cramps or chills).

Any person with a skin disease “may not perform any work that brings him or her into contact with food unless he/she has obtained the approval of the local Medical Officer of Health (Health Department) in writing” (O. Reg. 562 as amended, R.R.O. 1990).

**IMPORTANT FOOD SAFETY TIPS**

**Foods from an Inspected Source** (Adapted from York Region Health Services)

In accordance with the *Health Protection and Promotion Act*, all foods served to children at day nurseries, must come from an inspected source. An “*inspected source*” is a food premise that is routinely inspected by the local Health Department (i.e. grocery store, bakery, caterer, restaurant, etc.). As a result, foods that are prepared at the homes of parents and staff should **NOT** be served to day nursery children. The only exception is made when parents provide food for their own child (i.e. bagged lunches).

If parents and/or staff wish to provide food for special functions (i.e. birthday parties, etc.), the food must come from an inspected source and must be properly packaged (i.e. showing ingredient list, best before date, etc.). A log book should be maintained, recording important information such as:

- the type of food brought in
- where the food was purchased
- name of the person who brought in the food
- the date the food was brought in and served

**Ideas for Birthday Parties:**

😊 Make arrangements to provide simple cakes baked at the centre
😊 Offer a service wherein cakes are provided from an approved grocery/bakery
😊 Bake muffins at your day nursery and let the kids decorate them

**Cold - Holding**

Maintain frozen foods at or below -18 °C (0 °F) at all times. Provide an accurate indicating thermometer for each freezer compartment and monitor and record the temperature of these units at the beginning of each day.
Thaw frozen meat, poultry, and fish in the refrigerator or in a cold water bath that is maintained at or below 4 °C (40 °F) during the entire thawing process. Never thaw hazardous foods like meat, poultry or fish at room temperatures.

Keep hazardous foods like meats, poultry, eggs, fish, cheese and other dairy products refrigerated at 4 °C (40 °F) or colder until they are ready to be cooked or served. Provide an accurate indicating thermometer in each refrigerated compartment (i.e. fridge and/or freezer) and have your foodhandler monitor and record the temperature of these units at the beginning of each day to ensure that they are operating properly.

If cooler units require repair, remove all hazardous foods to an alternative cold storage compartment until the original unit can be verified (with an accurate indicating thermometer) to be capable of holding foods at the required temperatures. If in doubt, throw it out!

**Food Preparation**

Minimize the time that any hazardous foods are left at room temperature during preparation. When preparing large amounts of food, prepare it in smaller “batches” keeping the remainder cold in the refrigerator or freezer until needed.

Prevent cross-contamination from raw foods (e.g. raw meat, poultry, eggs and fish) to cooked or ready-to-eat foods (e.g. deli meats, cheeses & other dairy products, salads or desserts) at all times during storage, preparation, cooking and service.

Store frozen, thawing or raw meats, poultry, fish and eggs below and away from cooked or ready-to-eat foods in the freezer and refrigerator.

Prepare raw and ready to eat foods on separate food contact surfaces (e.g. cutting boards, plates, and other utensils) or prepare raw and cooked items at separate times after thoroughly cleaning, rinsing and sanitizing all surfaces between uses - particularly after preparing raw foods!

**Cooking & Reheating**

Cook all foods rapidly to at least their minimum required cooking temperature prior to service. If you do not have a copy of our *Hazardous Food Temperature Chart* to use as a guide, ask your Public Health Inspector to provide you with one or download the chart from our website at [www.durham.ca](http://www.durham.ca) keywords Health Department -> Food -> Food Safety.
Provide your food handlers with an accurate probe thermometer and a supply of temperature log forms so that they can monitor and record the actual final internal temperature of the hazardous food items they cold-hold, cook, hot-hold and/or reheat each day. Probe thermometers must be cleaned and sanitized between each use and they should be checked for accuracy at least weekly. For information on how to calibrate your thermometer, contact the Environmental Help Line. Your Public Health Inspector can provide you with a sample Temperature Log form upon request or you may design your own.

If foods must be reheated prior to service, they must be brought to at least the minimum internal temperature required during the original cooking process (i.e. pork products must be reheated to at least 71 °C / 160 °F).

**Food Service**

Once prepared, keep cold food cold at 4 °C (40 °F) or colder and hot food hot at 60 °C (140 °F) or hotter until service. Always use clean serving utensils and, to prevent the potential for contamination of foods served, do not allow children to serve themselves. Once food has been served to children or staff any leftovers must be discarded. Food that is not served for any meal may be thoroughly reheated and eaten by staff later the same day.

Milk is a particularly fragile hazardous food item. In accordance with Regulation 562, as amended (Food Premises), milk should always be served from its original container (i.e. cartons or bags) or, if a separate, cleaned & sanitized, covered container is used to serve milk, any leftover milk must be discarded after a single service.

**For more information on Food Safety:**

Call our Environmental Help Line at 905-723-3818 or 1-888-777-9613

or

Access our website at [durham.ca](http://durham.ca) keywords Health Department -> Food -> Food Safety
List of Food Safety Resources

Pamphlets
Food Safety Training & Certification Course - Information Pamphlets (current year)
Food Safety Tips for Bagged & Boxed Lunches
Pack a Safe Lunch

Food Safety Stickers
-18 ºC - Frozen Food
4 ºC - Refrigerated Food
60 ºC – Hot –Holding
Cook/Reheat Food to 74ºC
Raw Foods Only
Cooked Foods Only
Ready-To-Eat Foods Only
200 ppm Sanitizer
Stop the Spread of Germs – Wash for 15 Seconds

Posters
Hazardous Food Temperature Chart
Handwashing (6 Steps)
3 Compartment Sink Dishwashing Technique
2 Compartment Sink Dishwashing Technique
How to Thaw Meat Safely
Apple Cider Warning

Forms
Cleaning & Sanitizing Checklist
Cleaning & Sanitizing Fact Sheet
Cleaning & Sanitizing Flow Chart for Equipment & Surfaces
Temperature Control Log
Hazardous Food Temperature Log

Food Rap Newsletter (current issue)
RABIES

What is Rabies?

Rabies is a brain infection caused by a virus that almost always kills any warm-blooded animal it infects. It is transmitted through saliva: bites, licking or scratching.

Rabies can be prevented!

Humans can be protected if rabies post exposure prophylaxis treatment is administered by a physician as soon as possible after contact with a suspected or confirmed rabid animal.

1. Avoid Wild Animals
   Durham Region has had the highest concentration of wild animal rabies in Canada. Rabid foxes, skunks and bats are most common. Wild animals usually avoid people. Avoid stray cats and dogs as well.

2. Avoid Dead or Sick Animals
   Rabid animals change their behavior; either very aggressive or very passive. Avoid all animals who are acting strange, even your own pet. Do not touch dead animals! If they have died of rabies, you could get the disease from handling their body.

3. Report Sick Animals
   If you see a sick animal, contact your local animal control agency. Animal control officers can safely handle and transport sick pets and wild animals.
   Oshawa ........................................................ (905) 723-3488
   Ajax/Whitby ................................................ (905) 655-0283
   Pickering.......................................................... (905) 420-4655
   Clarington ....................................................... (905) 623-7651
   Township of Brock ............................................ (705) 432-2355
   Townships of Scugog and Uxbridge ............... (905) 985-9547

4. Vaccinate your Pets
   Any cat or dog over 3 months of age must be vaccinated against rabies. Day nurseries should ensure any dog or cat visiting their facility is vaccinated against rabies.
5. **Report Bites or Scratches**
   1. Bites and scratches should be washed **IMMEDIATELY** with warm water and soap. Apply an antiseptic to the wound site.
   2. Call your local Health Department office. We will investigate **every** incident to determine the risk of rabies.

   **Whitby office** ........ (905)723-3818 or 1-888-777-9613 Fax:(905)666-1887  
   **Port Perry office**... (905)985-4889 or 1-866-845-1868 Fax:(905)982-0840

Please refer to the website for further information at [www.durham.ca](http://www.durham.ca) keywords Health Department - Rabies
ANIMAL BITE/EXPOSURE REPORT

ANIMAL BITE/EXPOSURE REPORTING:
1. Upon completion of this form fax to Durham Region Health Department at fax number 905-666-1887

2. CALL 1-888-777-9613 to confirm a fax transmission has been sent.
   Speak directly with an Admin Clerk or leave message with the following details: your agency, patient/victim name and reference number, nature of exposure, and your contact number with extension.

ANTI-RABIES VACCINE ORDERS:
3. CALL 1-888-777-9613 during normal business hours Monday – Friday (between 8:30 A.M. – 4:30 P.M.) excluding weekends and holidays.
4. CALL 1-800-372-1104 AFTER BUSINESS HOURS: Weekdays (between 4:30 P.M. and 8:30 A.M.) or anytime weekends and holidays to have a Public Health Inspector paged for anti-rabies vaccine delivery. Provide the Intake Operator with information describing your agency, patient/victim name and reference number, and your contact number with extension.

Please print legibly:

REPORTING HEALTHCARE PROVIDER, AGENCY

DATE OF REPORT mm/dd/yy

REPORTING Contact Person

ESSENTIAL PATIENT/VICTIM INFORMATION:

Date of Bite/Exposure: ____________________

Victim’s Name

Date of Birth

Parent or Guardian (if applicable)

Address

Telephone Number

Nature of Exposure, i.e. bite, scratch

Location and Description of wound

ANIMAL & OWNER’S INFORMATION (or as much information as known)

Type of Animal

Description of Animal – name, colour, breed

Owner’s Name

Telephone Number

Address

DRHD use only: File #: ____________________ Inspector’s Name: ____________________

Personal information is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7., and is used for the purpose of prevention and control of rabies through investigations of human exposure to animals suspected of having rabies, conducting risk assessments of suspected exposures and case management. Questions about this collection of information should be addressed to Durham Region Health Department, Manager, Health Information, Privacy and Security at 605 Rossland Rd E., P.O. Box 730, Whitby, ON L1N 0B2, (905) 668-7711. Information available in alternate formats.
SAFE WATER

All day nurseries must have a constant supply of safe potable water for their day to day operation and also for the safety of the children involved with water related activities.

Day Nurseries on Municipal Water Supply Systems

Day nurseries that have their water supplied by a regulated municipal water system are provided with water that is treated and monitored on a regular basis in accordance with Ministry of Environment (MOE).

In the event of an adverse water quality issue, day nurseries on a municipal water system would receive notification that the water is not safe to use. A “Drinking Water Advisory” or a “Boil Water Advisory” may be issued by the Region of Durham/Health Department under these circumstances.

Further information on the quality of the drinking water supplies of the Regional Municipality of Durham is available on the regional website at www.durham.ca

Day Nurseries on Private Well Water Supply Systems

Day nurseries that have a private water supply are defined as designated facilities under the MOE, Ontario Regulation 170 (Drinking Water Systems) under the Safe Drinking Water Act.

This legislation requires day nursery owners/operators to meet specific water treatment and water testing requirements.

The MOE office should be contacted to receive further information on all the legislative requirements of Regulation 170.

All adverse water sample results must be reported to the Health Department by the laboratory doing the test and by the owner/operator of the day nursery. The Health Department will assess the results and direct the owner/operator to take corrective actions accordingly. A “Drinking Water Advisory” or a “Boil Water Advisory” may be issued by the Health Department under these circumstances.
Weekly Flushing Requirements and Annual Sampling for Lead

In accordance with the Ministry of the Environment (MOE), Ontario Regulation 243/07, every operator of a day nursery is required to conduct daily or weekly flushing of their plumbing system, depending on the age of the plumbing system. The date, time and the person who performed the flushing must also be documented appropriately. For more information on the legislation please refer to the MOE website at www.ene.gov.on.ca

The legislation also requires operators for which the plumbing was installed prior to 1990 to test their drinking water for lead annually. All lead results above *10 ug/L must be reported to the Durham Health Department by the laboratory doing the test and the operator of the day nursery. In the event of an adverse lead result, the Health Department will contact the day nursery and direct the operator to take corrective actions. A “Drinking Water Advisory” may be issued under these circumstances.

Please see the Health Department’s Protocol for Corrective Action under Ontario Regulation 243/07 Schools, Private Schools and Day Nurseries and the Lead in Drinking Water information sheet.

Boil Water Advisories

Boil water advisories can be issued by the Medical Officer of Health to any day nursery facility on private or municipal water supply. If a “Boil Water Advisory” is required, the Durham Region Health Department will contact your facility. The Department will provide you with advice and directions regarding precautions to implement and the actions required in order to remove the advisory. The Public Health Inspector will also visit your facility during the boil water advisory and notification will be provided by the Health Department when the advisory is lifted. (See Health Department “BOIL WATER ADVISORY” information sheet)

All day nurseries should have in place a plan in the event that a “Boil Water Advisory” is issued to their particular facility. The plan should include appropriate measures to ensure a safe water supply is available to children and staff in the facility. Bottled water and/or an alternative potable municipal supply of water may be required for a period of time in a facility that has been issued an advisory. In some cases, your facility may have to be closed until such time as a supply of potable water is provided.

Your area Public Health Inspector can provide assistance and advice on any contingency plans to deal with a boil water advisory or a sudden lack of potable water in your facility.

*micrograms per litre
What are the reasons for a “boil water advisory”? 

A boil water advisory is generally based on bacteriological (microbial) examination of drinking water, including the finding of bacteria or parasites.

A boil water advisory may also be based on information other than bacteriological examination indicating that the water is not safe to drink (e.g., the lack or absence of disinfection residual in the drinking water).

A boil water advisory may follow the occurrence of an outbreak of illness in the community that has been linked to consumption of the water.

The extent of restriction on water use depends on the situation and the reason for issuing a boil water advisory. Always follow the health unit’s recommendations on water use.

General recommendations on how to use the water if a boil water advisory has been issued in your community.

How do I use water when a boil water advisory has been issued?

The water should not be used for drinking, making infant formula and juices, cooking, making ice, washing fruits, vegetables or brushing teeth. For these purposes, boiled water or bottled water should be used. The water should be brought to rapid rolling boil and boiled for at least 1 (one) minute. If there are children in the home, place the pot on the back burner to avoid scalds. Boil only as much water in a pot as you can comfortably lift without spilling. Discard all ice made previously and disinfect the ice cube trays. Make ice using boiled, cooled water.

For more information
DURHAM REGION HEALTH DEPARTMENT
905-668-7711 1-800-841-2729 or durham.ca
Information available in accessible formats.
Can I take a bath?
Adults and teens may shower with untreated water as long as no water is swallowed. Older children could also be given a shower with a hand held showerhead, avoiding the face. Younger children should be sponge-bathed instead of bathing in a tub because they are likely to swallow tub water.

Can I use the water for handwashing?
If the boil water advisory has been issued as a precaution and there is no outbreak of human illness, there is no need for additional hand disinfection with bleach solution or alcohol using the measures described below.

If the boil water advisory has been issued because of an outbreak, water can be used for handwashing after the following emergency water treatment: Place 1.5 oz. (about 45 ml) liquid household bleach in 10 gallons (45 litres) of water. Mix and let stand for at least 10 minutes prior to use.

How else can I disinfect my hands?
You can use alcohol-based disinfectants, containing more than 60% alcohol. These products are widely used in the health care setting after washing hands or in situations when water is not available. The wet wipes used for cleaning babies at diaper change are not effective for disinfecting hands and should not be used for this purpose.

My child was ill with diarrhea. Should I clean/disinfect toys?
Yes, toys should be cleaned and disinfected. If the toys are visibly soiled, wash them first with soap and water and then disinfect with a freshly prepared bleach solution (1/4 cup [about 60 ml] bleach in to 1 gallon [4.5 litres] of water). Dip toys in to this solution and air-dry them. Cloth and plush toys could be washed or dry-cleaned.

I have a dishwasher. Is it safe to use?
If your dishwasher has a hot setting, it safely disinfects dishes. If your dishwasher does not have a hot setting, after finishing the cycle, soak dishes for 1 minute in a solution of 1 oz. (30 ml) of bleach mixed with 3 gallons of lukewarm water (13.5 litres). Let dishes air dry.

I wash dishes by hand. How do I disinfect them?
You could use boiled water for disinfecting dishes or with a bleach solution. Mix 1 oz. (about 30 ml) bleach in to 3 gallons (13.5 litres) of water at room temperature for at least 1 minute. Let dishes air dry.
What is disinfection?
Disinfection is a cleaning process that destroys most disease causing microorganisms (pathogens).

How do I disinfect countertops, chopping boards or utensils that have come into contact with raw meat?
Countertops, chopping boards or utensils which have come into contact with raw meat should be washed with soap and hot water first, then disinfected with a bleach solution stronger than that used for emergency hand disinfection. Mix ¼ cup (about 60 ml) bleach in to 1 gallon (4.5 litres) water for this purpose. Do not reuse or store this solution, but make it fresh daily.

Should I change the way I am doing laundry?
No, continue doing laundry the way you usually do. If you have to launder sheets heavily soiled with feces, carefully remove soil before you place the sheets into the washer, without much agitation of the cloth. Use rubber gloves when handling heavily soiled sheets.

Is the water safe to fill wading pools for children?
No, the water is not safe to use in wading pools. Water usually gets into the mouths of small children, providing a possibility for infection.

I have a water filtration device installed. Does this make the water safe for drinking or using it for cooking?
No. Filtered water should also be brought to a rolling boil for 1 minute before drinking or using it for cooking.

My doctor told me I am immunocompromised. What should I do?
Always follow your physician’s and dietitian’s advice. You might be advised to use bottled water or to boil water for drinking/cooking, even in the absence of a boil water advisory.
How does the Medical Officer of Health decide when to “lift” a boil water advisory?

The Ontario Drinking-Water Quality Standards (ODWQS) state that the Medical Officer of Health should continue the boil water advisory until the objectives in the ODWQS are no longer exceeded in 2 (two) consecutive sets of samples taken from all parts of the distribution system that has been affected. The standard addresses the issues that can affect health such as the presence of E. coli. The Medical Officer of Health may choose not to lift the boil water advisory even if two acceptable samples are obtained. The Medical Officer of Health may also require the water works owner provide the Health Department with written confirmation from the Environmental Assessment and Approvals Branch, Ministry of Environment, stating that the water system is in compliance with the minimum treatment requirements according to O. Reg. 170/03 Drinking Water Systems.

What should I do after the boil water advisory is lifted?

Run cold water faucets for 1 (one) minute before using the water.
Run drinking fountains for 1 (one) minute before using the water.
Flush all garden hoses by running cold water through them for 1 (one) minute.
Run water softeners through a regeneration cycle.
Drain and refill hot water heaters set below 45°C (normal setting is 60°C).

More information can be obtained from

Durham Region Health Department, Environmental Help Line, 905-723-3818 or 1-888-777-9613.
Loss of Water Pressure in Day Nurseries Using Municipal Water

In the event of water pressure loss or water supply loss, day nurseries should follow the precautions outlined in the document 'FACTS About…Boil Water Advisories' which is located in the Wee Care Manual and online at durham.ca/factsabout.

When a municipal water supply experiences a loss of water pressure a situation known as 'back siphonage' may take place. Back siphonage happens when water from sinks, tubs, buckets, cisterns, etc. is drawn back into the municipal water supply due to low or negative water pressure. This may result in contaminated water entering the municipal water supply. To ensure your water is safe to drink once the water pressure is re-established you must flush your water lines as follows:

Flushing procedure:
1. Go to the water faucet that is furthest from the entry point of your water supply and turn on the cold water.

2. Let cold water run for 5-10 minutes, then shut tap off.

3. Go to all other taps along the supply and flush the cold water for 1-2 minutes.

4. Record this flushing activity e.g. on an incident form

5. Report this situation immediately to the Health Department as an 'Adverse Water Quality Incident' (AWQI) at 1-888-777-9613.

If you require additional information on this procedure please contact Mike Pittman at 1-888-777-9613.
Protocol For Corrective Action Under Ontario Regulation 243/07
Schools, Private Schools and Day Nurseries

In June 2007 the Ontario Government enacted new legislation to expand water safety protection and reduce potential levels of lead intake by children. Ontario Regulation 243/07 under the Safe Drinking Water Act requires all operators of schools, private schools and day nurseries to conduct daily or weekly flushing of their plumbing system, depending on the age of the plumbing system. The Chief Drinking Water Inspector has since recommended to all operators to conduct daily flushing as a precautionary measure. The legislation also requires operators of all public, catholic and private schools and all day nurseries for which the plumbing was installed before 1990 to test their drinking water for lead annually.

This protocol was developed to direct personnel of school boards, private schools, day nurseries, and the Health Department implement corrective actions whenever a post-flushed water sample has a lead concentration above 10 micrograms per litre (10 ug/L).

All lead test results above 10 ug/L must be reported to the Durham Region Health Department by contacting our office at 1-888-777-9613 or by fax 905-666-1887. Under Ontario Regulation 243/07, the Medical Officer of Health (MOH) may direct the operator of a school, private school or day nursery to take corrective action whenever the minimum acceptable lead concentration has been exceeded. Any corrective actions and communications to students, parents and staff should be done in consultation with the Durham Region Health Department.

Lead Sample Result and Required Action

A. Pre-flush samples less that 10 ug/L. Post-flush samples less than 10 ug/L.

**ACTIONS:**

1) No corrective action necessary. Maintain flushing procedures as per Regulation/recommendation.

**COMMUNICATION:**

1) None required
B. Pre-flush samples greater than 10 ug/L. Post-flush samples less than 10 ug/L.

**ACTION:**
1) Operator to review and reinforce the importance of daily flushing with personnel, including the appropriate amount of time required to ensure standing water is removed from the plumbing system.

**COMMUNICATION:**
1) None required.

C. Pre-flush samples less than 10 ug/L. Post-flush samples greater than 10 ug/L.

**ACTION**
1) This may indicate sampling error. Operator to review and reinforce the importance of daily flushing with appropriate personnel, including the appropriate amount of time required to ensure standing water is removed from plumbing system.
2) Operator to review sample collection procedures and re-sample the initial sampled collection tap after ensuring that adequate flushing procedures have taken place.
3) At least 2 consecutive “flushed” re-samples (a minimum 5 minute flush time, followed by a 30 minute standing time) must be taken from the facility’s water plumbing system within a 30 day period (minimum of 7 days apart) and must meet the minimum acceptable lead standard.
4) If post-flush re-samples are greater than 10 ug/L, follow Section D – Action below.

**COMMUNICATION**
1) If post-flush re-samples are greater than 10 ug/L, follow Section D – Communication below.

D. Pre-flush samples are greater than 10 ug/L. Post-flush samples are greater than 10 ug/L.

**ACTION:**
The Medical Officer of Health/alternate will direct the party responsible for the operation of the facility of the corrective action required on a case-by-case basis. A Drinking Water Advisory (DWA) may be issued by the Durham Region Health Department under these circumstances.
Corrective actions may include:
1) All drinking fountains must be made inaccessible (water turned off and/or physically barricaded). Handwash basins can remain operational for handwashing.
2) Operator to post “Do Not Drink” signs at all taps/faucets/drinking fountains.
3) Operator to provide an alternate supply of drinking water from an approved source.
4) If the facility provides foodservice, tap water is not to be used for any food preparation, not to be used to prepare infant formula or reconstitute beverages for children (discard any existing mixtures). Water can be used for general cleaning purposes.
5) Operator to review and reinforce the importance of daily flushing with personnel, including the appropriate amount of time required to ensure standing water is removed from plumbing system.
6) Operator to re-sample the initial sampled collection tap after ensuring that adequate flushing procedures have taken place.
7) To clear an adverse water result:
   At least 2 consecutive “flushed” re-samples (a minimum 5 minute flush time, followed by a 30 minute standing time) must be taken from the facility’s water plumbing system within a 30 day period (minimum of 7 days apart) and must meet the minimum acceptable lead standard.
8) Post-flush re-sample results that have lead levels above the minimum standard will require further assessment and corrective/remedial action. Discussion with Health Department and MOE as required.

COMMUNICATION:
The MOH/alternate may direct the operator of the drinking water system or facility to appropriately notify users of the drinking water as to what measures are required.

Measures may include:
1) Operator to immediately notify all users of water from the system to use an alternate source of drinking water.
2) Prior to operator issuing any media release, please consult with the Durham Region Health Department.

E. Pre-flush samples greater than 10 ug/L. Post-flush samples greater than 30 ug/L.

ACTION:
The Medical Officer of Health/alternate will direct the party responsible for the operation of the facility of the corrective action required on a case-by-case basis. A Drinking Water Advisory (DWA) may be issued by the Durham Region Health Department under these circumstances.
Corrective actions may include:

1) Operator to follow steps 1 to 6 as per section D above.

2) At minimum, at least 1 sample should be taken from a drinking or food preparation fixture upstream and 1 sample should be taken from a drinking or food preparation fixture downstream of the location where the initial adverse test sample was taken. If the initial sampling was done at the endpoint of the system then 2 samples should be taken upstream.

3) To clear an adverse water result:
   i) At least 2 consecutive “flushed” re-samples (a minimum of 5 minute flush time, followed by a 30 minute standing time) must be taken within a 30 day period (minimum of 7 days apart) and must meet the minimum acceptable lead standard, and are obtained from every fixture where a preceding sample had exceeded the standard and,
   ii) all directions of the MOH have been carried out.

4) Post-flushed re-sample results that have lead levels above the minimum standard will require further assessment and corrective/remedial action.

5) Operator to complete a school Plumbing Profile Questionnaire to identify fixture/plumbing line problems and develop a long-term remediation/action plan. Discussion with Health Department and MOE as required.

COMMUNICATION
The MOH/alternate may direct the operator of the drinking water system or facility to appropriately notify users of the drinking water as to what measures are required.

Measures may include:

1) Operator to immediately notify all users of water from the system to use an alternate source of drinking water.

2) Prior to operator issuing any media release, please consult with the Durham Region Health Department.
What is lead?
Lead is a silvery grey metal naturally present in soil, air and water. With the phase out of leaded gasoline and the elimination of lead in food cans, paint and solder the overall human exposure to lead has decreased significantly since the 1970’s. Lead exposure from drinking water is considered very low.

How can lead affect my health?
Short-term exposure to very high levels of lead can cause vomiting, diarrhea, convulsions, coma or even death. Severe cases of lead poisoning are rare in Canada.

People exposed to lead for an extended period of time are at risk of developing certain adverse health effects. These effects could include increased risk of developing: kidney damage and disease, increases in blood pressure, and anemia, a medical condition whereby a person can no longer produce enough red blood cells.

Are certain people more susceptible to lead?
Pregnant women are susceptible to the effects of lead since it can cross the placenta and affect the developing baby. Potential effects include premature births, smaller babies, decreased mental ability in the infant, learning difficulties, and reduced growth in young children.

Infants and children under six years of age are also at risk due to increased absorption of lead by the digestive systems and body tissues due to their rapid state of development. High blood lead levels in children can cause learning disabilities and behavioural problems.

How do I know if I have lead pipes/ lead service lines or lead solder in my home?
Older homes built prior to the mid 1950’s are more likely to have lead pipes and service lines. Between the mid 1950’s and 1989 some lead was present in the fixtures or solder used to connect pipes. Homes built after 1989 are unlikely to have any pipes/ service lines /fixtures or solder that contain lead as changes to the National Plumbing Code prohibited its use. Consult a licensed plumber to determine if you have lead pipes in your home.
How can I get my tap water tested for lead?
If you suspect that you may have lead materials in your service lines or lead in your plumbing and you wish to have your tap water tested, the Region of Durham has a provincially mandated lead monitoring program. However due to prescribed limitations on the number, and locations for sampling, not all locations will be suitable for the program. For information regarding your suitability for this program, please call the Works Department at 1-800-372-1102 ext 2059.

Alternately, you can get your water tested by one of Ontario’s licensed laboratories. Go to the Ministry of Environment website: http://www.ene.gov.on.ca/en/water/tapwater/index.php to view a list of provincially-licensed labs and an interactive map with contact information for municipalities.

What is the Canadian Standard for levels of lead in drinking water?
The Canadian and Ontario Maximum Acceptable Concentration (MAC) for lead in drinking water is 10 micrograms per litre (10 ug/L) or 10 parts per billion.

Short-term drinking of water with lead concentrations above MAC does not necessarily pose a health risk.

What should I do if I have lead service lines?
Lead levels increase as water stands in the pipes. Always flush the water lines that are used for drinking water if the water has been sitting idle for 6 hours or more. The water should be flushed for at least five minutes or until the water is cold. Use only cold, flushed water for drinking and food preparation as hot water has been shown to contain higher lead levels.

What should I do if I have lead service lines and my household includes children 6 years of age or under and/or pregnant women?
If you have tested your water and the results indicate lead levels below the standard of 10 ug/L, it is recommended that you continue to flush your water for 5 minutes after extended periods of non-usage.

If your water results exceed the 10 ug/L standard even after flushing, the following are recommended:

For more information
DURHAM REGION HEALTH DEPARTMENT
905-668-7711 1-800-841-2729 or durham.ca
Information available in accessible formats.
LEAD IN DRINKING WATER

- An alternate drinking supply (bottled water) should be obtained that lists the lead content (Pb) as zero on the analysis label. It is important to note that not all bottled water is lead free.
- Consider the installation of an approved filter attached to your tap(s)/plumbing system. Ensure that filtration products purchased are certified as meeting the National Sanitation Foundation (NSF) International Standard for reducing/removing lead.
- If applicable, discuss with a licensed plumbing contractor the replacement of any lead service pipe.

Are pour-thru water pitcher type water filters capable of removing lead?  
No, as of July 16, 2007 NSF revised their list of approved lead filtering systems. You may still be able to purchase these types of pitcher filters with the old NSF-53 certification on store shelves but they are old stock and they do NOT meet the new certification requirements for reducing lead in drinking water.

Do breastfeeding mothers need to use filtered water or bottled water if they have lead service pipes?  
No, they do not. The amount of lead found in the breast milk of women who drink water from taps served by lead service lines is negligible and does not pose a risk to the infant’s health.

What if my child has already been drinking water from a tap that has lead service lines?  
Environmental lead exposure for children has significantly decreased over time. In Ontario, local testing for lead levels in blood has not revealed any concerns related to lead in drinking water. If you have specific health concerns it is recommended you discuss them with your family physician.

Should I be concerned about showering, bathing and washing dishes in water provided by lead service lines?  
No, lead from drinking water is not absorbed by the skin and is not taken through breathing. As a result, these types of activities do not expose people to higher lead levels.

Should I be concerned about lead in drinking water if I do not have lead service lines in my home?  
No, the Regional Municipality of Durham has already undergone testing of the municipal water supplies and lead levels have been below the federal/provincial drinking water standards.
Who can I contact for more information on lead and lead testing?
Durham Region: durham.ca
Ministry of Environment: www.ene.gov.on.ca
Health Canada: http://www.hc-sc.gc.ca/iyh-vsv/environ/lead-plomb_e.html

Durham Region Environmental Health Helpline:
905-723-3818 or 1-888-777-9613

This information sheet contains material cited from the Ministry of Environment, Health Canada and the Middlesex-London Health Unit.
Well Water Testing

The Durham Region Health Department has developed a package to assist residents in maintaining the quality of their well water. This resource package assists private well owners in understanding basic principles of ground water, well construction, well maintenance and methods of diagnosing and resolving well water issues.

The Health Department highly recommends that a day nursery on a private water supply system contact an experienced and licensed contractor and/or engineer to address any concerns with their water supply system.

Beach Monitoring

Each week throughout the summer, Durham Region Health Department conducts tests on the swimming waters at designated beaches throughout the Region. Beaches are “posted” as unsafe when sample results exceed provincial bacteriological guidelines for recreational water. Results of the beach sampling program are posted on our regional website and published in your local newspaper weekly.
SMOKE-FREE ONTARIO ACT

How the Act Affects: Day Nurseries and Private Day Care

The Basics
- The Smoke-Free Ontario Act came into effect on May 31, 2006.
- The act prohibits smoking in enclosed workplaces and enclosed public places in Ontario in order to protect workers and the public from the hazards of second-hand smoke.

Day Nurseries and Private Home Day Care
Smoking is prohibited at a day nursery, including exterior playground areas licensed under the Day Nurseries Act. In addition, where private home day care is provided under the Day Nurseries Act, the entire premises must be smoke-free at all times whether children are present or not, and includes exterior playground areas.

Licensed private home day care refers to day care provided in a private home under a license issued by the Ministry of Children and Youth Services to a private home day care agency. A private home day care agency provides, at more than one location, private home day care for five children or less who are under ten years of age in a private residence other than the home of the parent/guardian of the child. Homes are supervised and monitored by the agency.

For further information, the Ministry of Children and Youth Services website address is www.children.gov.on.ca

Responsibilities of Operators
- Ensure that everyone is aware that smoking is prohibited.
- Remove ashtrays and any object that serves as one.
- Ensure that no one smokes on the premises.
- Ensure a person who does not comply does not remain on the premises.
- Post No Smoking signs at all entrances, exits, washrooms, and other appropriate locations. For information on acquiring required signage, please contact Durham Region Health Department.

Enforcement
Durham Region Health Department will carry out inspections and investigate complaints in day nurseries and places where licensed private home day care is provided in order to enforce the Act.
**Penalties**
There is no maximum corporate fine listed for contravention of this section of the Act, meaning the fine amount would be left up to a justice of the peace. An individual could be subject to a maximum fine of $5,000.

This fact sheet is intended as a quick reference only. For more information contact Durham Region Health Department Environment Help Line at 1-888-777-9613 or 905-723-3818.

Hours of operation: Monday to Friday, 8:30 am – 4:30 pm

You may also obtain information by calling toll-free:
- **INFOline** 1-866-396-1760
- **TTY** 1-800-387-5559

For more information on the Smoke-Free Ontario Act, please visit the Ontario Ministry of Health Promotion website:
Second-Hand Smoke

What is second-hand smoke?
Second-hand smoke is the smoke a smoker blows into the air and the smoke that drifts into the air from the burning end of a cigarette.

Why is it dangerous?
There are more than 4000 chemicals in second-hand smoke, including benzene (found in gasoline), formaldehyde (used to preserve dead bodies), acetone (found in nail polish remover) and arsenic (rat poison); more than 50 of these can cause cancer.

Second-hand smoke is classified by the U.S. Environmental Protection Agency (EPA) as a Group A carcinogen and was formally listed by the National Institute of Health (2000) to be a human carcinogen.

There is no safe level of exposure to second-hand smoke.

Ventilation systems do not remove all the harmful chemicals found in second-hand smoke.

Going into another room or opening the window will not protect you from its harmful effects.

How does second-hand smoke harm your health?
In adults, exposure to second-hand smoke causes:
- Heart disease
- Lung cancer

Exposure to second-hand smoke has also been linked to:
- Breast cancer
- Stroke
- Nasal sinus cancer
- Chronic Obstructive pulmonary disease (COPD)
- Acute respiratory symptoms (cough, wheeze, chest tightness, difficulty breathing)
- Onset and worsening of asthma

How does second-hand smoke harm children?
In children, exposure to second-hand smoke causes:
- Decreased lung function
- Low birth weight
- Bronchitis, pneumonia and other lower respiratory infections
- Middle ear disease
- Worsening of asthma

In children, exposure to second-hand smoke has been linked to:
- Childhood cancer (leukemias, lymphomas, brain tumors)
- Onset of asthma
Second-hand smoke is one of the major preventable risk factors for Sudden Infant Death Syndrome (SIDS) also known as crib death.

Protect your family and friends from the dangers of second-hand smoke

- Avoid exposing your family and yourself to second-hand smoke.
- Make your home and car smoke-free. Encourage your family and friends to do the same.
- If you smoke, try to quit.
- Support your friends and family in their attempts to quit.

Call Durham Region Health Department at 1-800-841-2729 or visit www.durham.ca or www.smokefreehome.com for help to quit smoking and for information on how to make your home and car smoke-free.
POTASSIUM IODIDE (KI) TABLETS

The Durham Region Health Department (DRHD) distributes potassium iodide (KI) tablets to day nurseries and other pre-determined institutions and agencies located within each primary zone (10 km radius surrounding the Pickering and Darlington nuclear generating stations) as a requirement of the Provincial Nuclear Emergency Response Plan. Durham Emergency Management Office (DEMO) obtains the KI pills from Ontario Power Generation (OPG) while the DRHD jointly determines the quantities of KI pills required for day nurseries and other facilities, carries out distribution of the KI pills (along with a fact sheet) and will co-ordinate the collection and disposal of any expired pills.

Ensure that KI pills are stored in accordance with the manufacturer’s instructions/directions and out of reach of children.

In the unlikely event of a serious nuclear accident, the nuclear generation stations have the capabilities of holding emissions in vacuum buildings for several days prior to releasing the potentially harmful radioactive iodine into the air. The function of the KI pills are to fill the thyroid gland with stable iodine to help prevent or reduce the absorption of radioactive iodine by the thyroid. Should such an event occur and it becomes necessary for those located within the “primary zone” to take the KI pill, directives by Provincial Health officials will be communicated to the public through media, TV and radio outlets.

For more details, day nursery operators located within each primary zone can refer to the provided “fact sheet”, contact the Durham Region Health Department at 905-723-3818 or 1-888-777-9613 and can visit the regional web site at durham.ca (click on Public Health, Environmental Health Hazards, KI pills).
Questions & Answers

Potassium Iodide (KI) Pills

In the event of an accident at a nuclear generating station, emissions may include radioactive iodine. One way to protect yourself from radioactive iodine is to take stable (non-radioactive) potassium iodide (KI). Here are some commonly asked questions about KI pills:

Q1 Can the KI pill be used to protect against all forms of radiation?
A1 No. Potassium iodide is only effective against exposure to radioactive iodine. Other protective actions, such as staying indoors or evacuation, will protect you from other radioactive materials (and will be effective against radioactive iodine, as well).

Q2 How do KI pills work?
A2 Iodine is produced in small amounts by our bodies and is consumed in many of our foods and medicines. The thyroid gland naturally accumulates and stores this iodine. In a nuclear emergency, radioactive iodine may be released from the station, and could enter our bodies (by inhalation or ingestion through contaminated milk or foodstuffs) where it would accumulate in our thyroid gland. KI pills fill up the thyroid with stable iodine. Because the stable iodine has already flooded the thyroid, the radioactive iodine will have no place to accumulate and so will be excreted in the urine.

Q3 When do I take a KI pill?
A3 Provincial authorities will instruct you through radio and TV bulletins when to take the pill if radioactive iodine is present in station emissions. KI pills are available to the general public at designated drugstores in Durham Region where they are offered free of charge to residents in the Contiguous Zone (three kilometre radius from nuclear stations). KI pills will also be available at the Reception Centre following an evacuation.

KI pills are also stockpiled in Durham Region schools and will be made available to school children, if required. Susceptible populations including, daycares, hospitals, homes for the aged and essential service establishments (police, fire & ambulance) also have stockpiles of pills for use in an emergency.
What potassium iodide (KI) products are currently available?

Health Canada has approved two KI products for distribution in Canada — RadBlock and ThyroSafe. Radblock is provided free of charge to residents near the Pickering & Darlington nuclear generating stations.

How many pills should be taken and how often?

Follow the Health Canada recommended dosage for RadBlock or ThyroSafe. The approved dosage by Health Canada is:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth through one-month</td>
<td>¼ pill</td>
</tr>
<tr>
<td>One month through three years</td>
<td>½ pill</td>
</tr>
<tr>
<td>3 - 12 years</td>
<td>1 pill</td>
</tr>
<tr>
<td>12 - 18 (less than 150 pounds)</td>
<td>1 pill</td>
</tr>
<tr>
<td>12 - 18 (more than 150 pounds)</td>
<td>2 pills</td>
</tr>
<tr>
<td>18 and older</td>
<td>2 pills</td>
</tr>
</tbody>
</table>

- Larger doses than those prescribed above will increase the risk of side effects and are not recommended by the World Health Organization.
- 12 to 18 year olds who are approaching 150 pounds and unsure of their weight should take 2 pills.

People remaining in an area that is contaminated by radiation may be directed by provincial authorities to repeat dosages every 24 hours. However, repeat dosages for infants under one month, and for pregnant women is not recommended because of the potential for KI to suppress thyroid function in the fetus and neonate.

Does the KI pill have a shelf life? How should it be stored?

The expiry date is printed on the label of the KI bottles. The bottle should be kept sealed at room temperature and away from light.

How do I give my child a fraction of the tablet?

To administer fractional doses to children and infants, crush and dissolve a tablet in a measured quantity of water or juice, and then give an appropriate portion of the solution (equal to the prescribed fraction of the tablet) to the child. For example, for children 1 month to 3 years old, crush one tablet, dissolve it in an eight oz. glass of juice or water and give your child half of the KI solution.

Are there any side effects of KI?

Side effects are unlikely because of the low dose and the short time the drug would be taken. Possible side effects from an allergic reaction to iodine are skin rash, fever, pain in your joints, swelling of face or body and shortness of breath. Side effects from prolonged use or a high dose are a metallic taste, burning mouth, sore gums, swelling of salivary glands, headaches, upset stomach, and diarrhea. If you experience any of these side effects, you should consult a physician.

How can I tell if I’m allergic to KI pills?
If you previously had a reaction to iodine, or if you’re on a salt free or low-iodine salt diet, it’s possible you may have a reaction to iodine. Check with your family doctor to be sure.

**Q10** How effective is the KI pill?
**A10** The pill is most effective in providing a reduction in radiation dose if taken early, and just prior to an exposure to radioactive iodine, based on scientific research. Pills should be taken only under the direction of provincial authorities.

**Q11** What drug stores in Durham Region provide KI pills?
**A11** The following drug stores provide KI in Durham Region:

Bay Ridges Pharmacy  
1261 Bayly Street  
Pickering  
905 839-1123

Pickering Medical Pharmacy  
1885 Glenanna Road  
Pickering  
905 831-8181

Liverpool Pharmacy  
715 Krosno Blvd.  
Pickering  
905 839-4300

Axis Global Drug Mart Pharmacy  
130 Waverly Road  
Bowmanville  
905 623-2333

Courtice Pharmacy  
2727 Courtice Road  
905 432-8888

*Ce document est aussi disponible en français.*

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Contact:  
Jude Kelly  
Emergency Management Ontario –  
Ministry of Community Safety and Correctional Services  
(416) 212-3471

*Disponible en français*

For more information visit [www.emergencymanagementontario.ca](http://www.emergencymanagementontario.ca)
BICYCLE SAFETY FOR YOUNG CHILDREN

About 80% of Canadian children 12 years of age and under, ride bicycles. According to the Canadian Institute for Health Information (CIHI), injuries continue to be the leading cause of hospitalization across Canada even though most can be prevented by reducing the level of risk associated with the activity. Children on tricycles are equally at risk, since the leading cause of bicycle injuries among young children are FALLS while at play or MID-BLOCK RIDE OUT (riding into the roadway from a driveway/road edge). A fall from 2 feet (60 cm) can cause permanent brain injury. In Ontario, more than 1,200 injured cyclists are admitted to hospitals each year and ten times as many people visit an emergency room with a cycling injury (SMARTRISK, 2005). Since 1995, it is law in Ontario that children under the age of 18 must wear a bicycle helmet while cycling on a highway (refer to Ontario e-Laws for definitions of a highway). Best practice guidelines recommend children should wear a helmet whenever they are cycling whether on the street or playground to reduce the risk of head injury. The human skull is less than 1cm thick and head injury can occur on any hard surface. If the children in your care are going to be riding tricycles/bicycles, we recommend you make helmet use mandatory by adopting a “no helmet, no wheels policy”. Your enforcement of helmet use can save a life.

Bicycle-related injuries can be greatly reduced with the use of helmets as they are effective for cyclists of all ages and help provide protection in all types of crashes. Helmets, when worn properly, can reduce the risks of brain injury by 88 per cent, head injuries by 85 per cent and upper and mid-facial injury by 65 per cent (Safe Kids Canada, 2005).

Unfortunately, bicycle safety for young children often gets overlooked. Across Canada, a recent survey shows that more than half (55 per cent) of preteens and teens ages 11 to 14 don’t always wear helmets when they ride bicycles (Safe Kids Canada, 2002). In Durham Region, recent reports indicate that helmet use among young people is decreasing significantly. According to a Health Department survey in 2001, 74 per cent of young people 5 to 17 years old wore a helmet all the time while bicycling. In 2004, this decreased to 65 per cent.

It is essential that helmet use be enforced by ALL caregivers. Children under 9 years of age should never be left unsupervised. They do not have the motor skills or judgment to cycle safely. Children should be taught to stop at all pavement edges to prevent them from riding out into traffic. Convincing children to wear a bicycle helmet can be difficult. By initiating and enforcing the use of helmets right from the start, this frustrating challenge can be eliminated. If children learn to wear their helmet at an early age, it will become a lifetime habit for them. A study in Toronto, found that children were 100 times more likely to own and use a bicycle helmet if their parents used a bicycle helmet themselves.
The same study found that of parents who owned but did not wear a helmet, 50% of their children had a helmet, and about 40% wore it all the time; of parents who owned and wore a helmet, 93% of their children had a helmet, and more than 80% of them always wore it.

Children under 5 years of age should wear a TODDLER helmet. It provides the additional protection that younger children require. Children over 5 years of age can wear a properly fitted regular helmet. Use the inner foam padding to make the helmet fit snugly on the child’s head. Position the front and rear straps to meet just below each ear with the helmet sitting squarely and level on the head no more than 2 fingers width above the eyebrows. Fasten the chin buckle to fit snugly but not pinch. Make sure the helmet is safety approved by CSA (Canadian Standards Association), CPSC (Consumers Product Safety Commission), SNELL (Snell Memorial Foundation) or ASTM (American Society for Testing and Materials). Helmets should be replaced as the child grows out of it, after one impact and every five years. It is important to remember that nothing should be worn under the helmet but the hair (no hats or hair ornaments).

A major problem why helmets should not be shared among children is the issue of head lice. Lice are the most difficult problem with helmets to be exchanged among children, since simple washing with mild soap and water can easily take care of plain dirt and hair oils. Lice can survive less than 24 hours away from a human host, while nits on a hair left in the helmet could survive up to 10 days. In order to control lice in helmets, the following are some recommendations: vacuum and wipe out the helmets; wash detachable foam fittings pads and nylon straps; seal helmet in a plastic bag for 2 weeks if it is not being used immediately to allow any louse that hatched from a nit inside the bag to die; or have kids wear surgical/shower/painter’s caps under the helmets - the caps are thin and should not interfere with the fit of the helmet.
Credits: Bicycle Fact Sheet, Safe Kids Canada, 1997
Safe Kids week, Safe Kids Canada, 2002
Ontario Injury Compass, SMARTRISK, Canada 2005
Canadian Bike Helmet Coalition Booklet, 1995
Under 18? Bike Helmets are the Law, Headsfirst Bicycle Safety and Education Coalition, (revised Spring 2003)
Guide to Helmet Fitting (Developed 2001, Revised 2003

Additional resources could be found by visiting the following website:

www.durham.ca
http://www.search.e-laws.gov.on.ca
www.oninjury.resources.ca
(Best Practices – Sports and Recreation Injuries: Ontario Injury Prevention Resource Centre)
CAR SEAT SAFETY FOR CHILDREN

- Riding in a motor vehicle is the most dangerous thing that children do. Motor vehicle crashes are the leading cause of injury-related deaths for Canadian children aged 1-9 years (Economic Burden of Injury, Smart Risk, 2006).
- A properly installed car seat can reduce the risk of serious injury or death by 75% (Ministry of Transportation, 2006).
- Car seat check events began in Durham Region in 1997 and recent statistics revealed that 98% of parents/caregivers who attend check events are using child safety seats incorrectly (Car Seat Safety Coalition of Durham Region, 2006).
- All car seats used in Canada must meet the Canadian Motor Vehicle Safety Standards (CMVSS) 213. It is illegal to use a seat without a CMVSS sticker.
- Children under 13 years of age are safest in the back seat away from all active airbags.

The following information will help you to advise parents about the appropriate choice and use of car seats.

Infant Car Seats

- Rear-facing seats are required by law for children weighing less than 9kg (20 lbs). It is best to use a rear-facing seat until a child is at least one year of age and a minimum of 10kg (22 lbs).
- A rear-facing seat will provide the extra neck and back support that a baby needs if there is a sudden stop or collision.
- Rear-facing infant seats are available as infant-only seats, infant/child seats, or infant/child/booster seats. The longer a child can ride rear-facing in an infant only, infant/child or infant/child/booster seat that fits correctly, the safer that child will be in a collision.
- The most suitable type of car seat for a smaller baby or newborn is an infant-only car seat. An infant/child or infant/child/booster seat used in the rear-facing position is a good choice for a taller or heavier baby who has outgrown the infant-only seat but still needs to ride rear-facing.
- Always follow the car seat manufacturer’s instructions for installation of the seat. It is safest to install child safety seats in the centre back seat of the vehicle if possible. Check the vehicle owner’s manual for the proper location.
- The seat must be installed rear-facing with the harness straps at or below the child’s shoulders. The harness should be tightened so that only one finger can be placed under it at the child’s collar bone. The chest clip needs to be done up level with the child’s armpit.
Nothing should be placed under the child in the seat that did not come with the seat. Add-on devices such as bunting bags and “head huggers” are not recommended as they interfere with the performance of the seat in a collision. The child should be dressed appropriately for the weather but not in bulky clothing that would prevent tightening the harness properly. Extra coverings may be added over the child and harness if needed.

**Forward Facing Seats**
- Forward-facing car seats are required by law for children weighing between 9 and 18 kg (20-40 lbs.). It is best to start to use a forward-facing seat when the child is at least one year old and a minimum of 10 kg (22 lbs.).
- By law in Canada, all forward-facing harnessed seats must be tethered. The tether anchor needs to be installed by the vehicle manufacturer if the vehicle is not equipped with one.
- The shoulder harness in a forward-facing seat should be threaded through slots that are at or above the child’s shoulder height. Some manufacturers require that the harness be moved to the top slot when forward-facing. Check the manufacturer's instructions.
- By law in Canada, a child must be restrained in a harnessed seat until he/she reaches 18 kg (40 lbs.). Most seats have a limit of 40 lbs., but there are certain circumstances where a larger harnessed seat is needed. If the child outgrows the height limit of the seat but is not yet 18 kg (40 lbs.) or the child reaches 18 kg (40 lbs.) but is too young to sit safely in a booster seat (using the lap and shoulder belt), they will need a larger forward-facing harnessed seat. There are several of these types of seats on the market.

**Booster Seats**
- Booster seats are to be used for children who have outgrown their forward-facing harnessed seat but are still too small to be restrained with just an adult seat belt.
- Booster seats help to position the vehicle seat belt properly over the child’s body. The lap belt should sit low over the child’s pelvis and across the hips. It should never ride up over the child’s abdomen. The shoulder belt must lie across the chest and away from the neck.
- Booster seats must always be used with a lap and shoulder belt.
- Ontario law states that a child must be secured in a booster seat when travelling in a vehicle if they meet the following criteria:
  - Weigh between 18-36 kg (40-80 lbs.)
  - Stand less than 145 cm (4’9”)
  - Are younger than 8 years of age
• Children may come out of the booster when they reach any one of the above three criteria but it is recommended that parents assess the fit of the seat belt before they remove children from the booster seat. Children should be able to sit upright with their backs against the seat back and their knees bent comfortably over the front of the seat. If they cannot bend their knees, they will slouch and cause the seat belt to ride up on their abdomen placing the belt in a very dangerous position in a crash. The shoulder belt should cross their shoulder and sternum not on their neck or face. Placing the shoulder belt under a child’s arm or behind their back puts them in danger of having a crushed chest or a head injury as their upper body would not be properly restrained. Most vehicle manufacturers state that a child should have achieved a sitting height of 29” in order to be properly restrained by the shoulder belt.

• Backless boosters or booster cushions allow the lap belt to be properly positioned across the child’s thighs and pelvis. Some even have an attached piece of webbing that adjusts the height of the shoulder belt. If placing the child on the booster cushion raises the middle of their ear above whatever is behind them, then they need a high back booster. This might be the third stage of their child seat or a seat only to be used as a booster. These seats have a built in shoulder belt height adjuster.

• Parents/caregivers may call the Durham Health Connection Line at 1-800-841-2729 for more information on the safe transportation of children. Parents/caregivers are also encouraged to visit the Durham Region Health Department website at www.durham.ca. Information about car seat check events are listed on that website.
CAR SEAT SAFETY POLICY FOR DAY NURSERIES

Subject: Legislation with Impact on the Safe Transportation of Children.

Date Revised: November 26, 2007    Date Issued: November 26, 2007

Information

Motor Vehicle crashes are the leading cause of death and injury for children aged 1-9 years. A correctly used child restraint will reduce the likelihood of a child being injured or killed in a crash by 75% (Economic Burden of Injury, SMART RISK 2006, Ministry of Transportation 2006). Only child restraints that meet Canadian Motor Vehicle Safety Standards (CMVSS) may be used to transport children.

Legislation governing Daycares, Day Nurseries fall into three broad categories:
(a) Act Specific to Booster Seats (Bill 73)
(b) Act Specific to Child Restraint System (Standard 213 under the Motor Vehicle Act, Canada)
(c) Act Specific to Seat belt Assembly (Highway Traffic Act 613)

The Highway Traffic Act O.Reg. (613 Booster Seat Law – Bill 73) states that any persons under 80 lbs. (36 kg), under the age of eight and who stand less than 145 cm (4 feet 9 inches) tall must be securely and properly fastened in a child restraint system. The penalty is $110.00 and 2 demerit points. Exemptions include: taxi cabs, police cars, bus/public vehicles and drivers of short term rented vehicles.

The driver of a taxicab that is operated by or under contract with a school board or other authority in charge of a school for the transportation of children is exempted by the Act. The driver of a public vehicle with a seating capacity of less than 10 persons that is operated by or under contract with a school board or other authority in charge of a school for the transportation of children, (O.reg. 195/05, and s.1) is exempted by the Act.
Policy:
Day nursery operators that transport enrolled children in a vehicle directly operated by the day nursery that enrolled children, should adhere to this policy which is based on the Highway Traffic Act, O Reg.613 for the safe transportation of children.

Staff will choose appropriate car seats for the age, weight and height of children being transported and will refer to the manufacturer’s instruction manual for the seat when choosing a car seat for a child.

Staff will only choose car seats having a round sticker with a maple leaf that indicates the seat meets Canadian Motor Vehicle Safety Standards (CMVSS) 213.

Staff will not use add-on devices such as bunting bags and head huggers that have not been tested with the seat. A rolled blanket bent in a “U” shape may be used to support baby’s head.

Staff will not use car seats that are more than 10 years old (or expiry date specified by the manufacturer) for transporting children.

Staff will ensure that children ages birth to 22 lbs (10 kg) and under 12 months of age are transported in Stage 1 rear-facing infant-only seats, infant/child seats or infant/child/booster seats.

Children from 22-40 lbs. (10-18 kg) and over 12 months of age will be transported in Stage 2 forward-facing infant child seats; child/booster seat or infant/child/booster seats.

Children from 40-80 lbs. (18-36 kg) will be transported in Stage 3 high-back booster seats (for vehicles with no built-in headrests) or backless booster seats (for vehicles with built-in headrests). Each of these limits may be exceeded if the approved seat declares it is safe to do so. E.g. some booster seats take children up to 100 lbs.

Staff will ensure that children are properly harnessed in the appropriate car seat and that car seats are properly installed in vehicles according to car seat and vehicle manufacturer’s instructions.

Staff will ensure all loose objects are removed from the vehicle while transporting children. This is to prevent objects from becoming projectiles in a collision.

Staff will ensure children less than 13 years of age (using car, booster or vehicle seat belt) are seated in the back seat of a motor vehicle, away from any potential point of impact.
Procedure for Harnessing Children in Rear-Facing Car Seat (from birth to 22 lbs. (10kg))
1. Place the infant’s bottom and back flat against the seat back and position the harness flat across the body.
2. Adjust the harness straps so that only one finger can be placed between the collar bone and the harness.
3. Position the chest clip at the level of the infant’s armpits.
4. Never put any padding (such as a heavy snow suit) under or behind the infant as it can compress leaving slack in the harness.
5. Thread the shoulder harness through the back of the seat at or below the infant’s shoulders.

Procedure for Harnessing Children in Forward-Facing Car Seat (from 22 lbs. (10kg) and 12 months old to 40 lbs. (18 kg))
1. Place the child’s bottom and back flat against the seat back and position the harness flat across the body.
2. Adjust the harness straps so that only one finger can be placed between the chest and the harness.
3. Position the chest clip at the level of the child’s armpits.
4. Thread the shoulder harness through the back of the car seat at or above the child’s shoulders.

Procedure for Harnessing Children in Booster Seat (from 40-80 lbs. (18-36 kg))
1. Place the lap belt over the upper thigh not across the abdomen or waist.
2. Place the shoulder belt across the chest at the mid-sternum and have it lie flat on the shoulder.
3. Adjust the shoulder belt to ensure it does not lie across the neck or face. If available on the backless booster, use the webbing strap that allows you to adjust the height of the shoulder strap to sit on the child’s shoulder.
4. Position the shoulder belt such that it is not tucked under the arm or behind the child’s back.

Procedure for Installing Rear-Facing Car Seat (from birth to 22 lbs. (10 kg))
1. Install the car seat at the centre rear location in the vehicle if possible and not in front passenger seat with an active airbag. (You can apply to Transport Canada to have an airbag deactivated if necessary.)
2. Do not install the car seat in front of a fold down arm rest, use the outboard positions.
3. Tighten the seat belt or latch belt, also called Universal Anchorage System (UAS), such that the seat does not move from side to side or forward (any more than 2.5 cm or 1 in).
4. Do not use the latch and seat belts at the same time. Some seat belt systems require the use of a locking clip (check the vehicle owner’s manual).
5. Thread the seat belt/latch belt through the correct path for rear facing.
6. Only install if 80% of the car seat base is firmly supported by the vehicle seat.
7. Install the car seat level to the ground which will maintain the child’s back at a 45 degree angle (“Pool noodles” can be used to achieve proper angle).
8. Place the carrying handle of an infant carrier in the down position when traveling according to manufacturers recommendations.

Procedure for Installing Forward-Facing Car Seat (from 22 lbs. (10 kg) and 12 months old to 40 lbs. (18 kg))
1. Install the car seat at the centre rear location in the vehicle if possible and not in front passenger seat with an active airbag. (You can apply to Transport Canada to have an airbag deactivated if necessary).
2. Hook the upper tether to the anchor identified by the vehicle manufacturer and tighten it. Forward facing seat **MUST** be tethered.
3. Thread the seat belt or latch belt, also called Universal Anchorage System (UAS), through the correct path for forward facing.
4. Tighten the seat belt or latch belt such that the seat does not move from side to side or forward (any more than 2.5 cm or 1 in.).
5. Do not use the latch and seat belts at the same time. Some seat belt systems require the use of a locking clip (check the vehicle owner’s manual).

Procedure for Installing Booster Seats (from 40-80 lbs. (18-36 kg.))
1. Support the base of the booster seat properly by the vehicle seat.
2. Use booster seat with a lap-shoulder seat belt. (If no shoulder belt is available, place the child on the vehicle seat without the booster seat and secure the lap belt).
3. Secure the booster seat with seat belt when not in use to prevent it from becoming a projectile object in a collision.

Procedure for child who has outgrown Booster Seat
A child can start using a vehicle seat belt when any of the following criteria is met:
1. The child turns eight years old
2. The child weighs 36 kg (80 lbs) or
3. The child is 145 cm (4'9") tall

Procedure for using vehicle seat belt properly
Best practice recommends the following assessment criteria (not the age of eight) should inform when the child can start using a vehicle seat belt:
1. The child must sit with his/her back fully against the back of the vehicle seat.
2. The lap belt must cross over the thighs (not the abdomen).
3. The shoulder belt must lie flat between the shoulder and the neck (not close to the face/neck). If the belt cuts across their neck they are not ready for the adult seat belt.
4. The child must be able to sit with legs bent comfortably over the vehicle seat for the duration of the trip. If the child is uncomfortable he/she will slouch and this will allow the seat belt to ride upon the abdomen. If this happens, he or she would be safer in a booster seat.

5. Never allow the shoulder belt to be tucked under the arm or behind the child's back.

6. Do not use any gizmos that claim to lower the height of the shoulder harness as they do this by raising the lap belt. The only acceptable height adjuster is the one built into the vehicle.
SCHOOL BUS SAFETY

Many parents are concerned about the lack of seat belts on school buses. The Ministry of Transportation in Ontario has published a pamphlet called “School Bus Safety” that addresses the issues that are of concern to parents.

Here is an excerpt from the pamphlet.

“Why No Seat Belts?”

“Very few injuries happen in school buses. Instead of requiring seat belts, school buses are designed and constructed differently from passenger cars. School buses protect passengers through “compartmentalization”, a design that includes:

- Seats with high backs.
- Seats filled with energy-absorbing material.
- Seats placed close together to form compartments.
- Strong seat anchorages.

Studies have shown that adding seat belts to the current seating configuration of a school bus can increase the chance of head and neck injuries. For a seat belt to be effective, it must be worn correctly, snug and on the upper thighs. Because school vehicles carry passengers from the very young to high school students, if seat belts were used, they would need to be readjusted and their use monitored. A seat belt not worn correctly may cause serious injuries.”

“Road Safety. It starts with you.”

This pamphlet may be ordered from the Ministry of Transportation at 1-800-268-4686.
SUN SAFE ENVIRONMENT

Research shows that sun exposure during childhood and adolescence is strongly linked to the development of skin cancer later in life. Infants and children have thinner skin than adults, making them more sensitive to ultraviolet rays. One severe sunburn during childhood doubles the risk of developing skin cancer later in life. Child care facilities provide an ideal setting for the promotion of sun safe practices and for the prevention of skin cancer.

Shade is one of the best defences against the sun’s radiation. It protects against the damaging effect of ultra violet radiation: shade alone can reduce overall exposure to the sun’s UVR by 75%. Shade should be used with other sun safety practices which include the use of sunscreen, protective clothing, wide-brimmed hats and sunglasses. For more information on shade, please see www.durham.ca

Developing a sun safety policy for your child care facility offers a number of benefits including:

☉ ensuring that parents participate in maintaining a sun safe environment by providing sunscreen, hats, and protective clothing for use at the centre

☉ providing staff with clear and easy steps to follow to keep the children sun safe while in your care

☉ demonstrating your commitment to excellence in child care

Durham Region Health Department offers a variety of resources that can support your efforts in making your centre sun safe. Posters, bookmarks and a general information sheet are available free of charge. Staff is also available to assist you in the development of sun safety policy for your centre. A sample sun safety policy and a letter to parents are included in this manual.

Should you require further information or resources, please contact Durham Health Connection Line at 1-800-841-2729 or visit www.durham.ca
Sample Sun Safety Policy for Child Care Facilities

ABC child care facility

Policy

ABC child care facility has implemented a sun safety policy to ensure that all children and staff are protected from skin damage caused by the harmful ultraviolet rays of the sun.

Education

This policy will be reviewed by staff on an annual basis.

New staff will be orientated to this policy at the time of hire.

Information about sun safety will be given to staff and parents through newsletters, notice boards, and meetings.

Child care programming will include activities that will educate children about protecting their skin from the sun, in order to keep it healthy.

Sun Safety Tips

- Limit sun exposure between 11 a.m. and 4 p.m. Schedule outdoor activities before and after these peak times of sun exposure as sunburns can occur quickly. The availability of shade and the UV index will be considered when planning excursions and outdoor activities.
- Children will be encouraged to seek or create shade (for example: play under trees, or use umbrellas).
- The ABC child care administration will ensure there are a sufficient number of shelters and trees that provide shade on the center’s grounds.
- Parents will be required to provide a wide-brimmed hat for their child that will remain at the centre at all times. This hat will protect the face, neck and ears of the child, whenever they are outside. Baseball hats are not recommended because they do not shield the neck, ears, or cheeks, areas where skin cancers often appear.
- Parents will be encouraged to provide unbreakable sunglasses for their children that offer UVA and UVB protection.
- Babies under 1 year of age will be kept out of direct sunlight. Durham Region Health Department recommends not using sunscreen on babies less than 6 months of age.
- Parents will be required to provide sunscreen with an SPF 15 or higher for their child at the child care facility. Sunscreen should offer protection from UVA and UVB rays, and be water-resistant. Sunscreen is to be applied 15-30 minutes prior to outdoor activities. Reapply every 2 hours and after water activities/swimming, towelling or exercising.
Staff will act as role models by:
☼ wearing appropriate hats and clothing outdoors
☼ using SPF 15+ sunscreen, and lip balm for skin protection
☼ seeking shade whenever possible; and
☼ wearing sunglasses that provide UVA and UVB protection

When enrolling their child, parents will be:
☼ informed of the sun safety policy
☼ asked to provide a suitable hat for their child’s use
☼ encouraged to provide protective clothing for their children to wear while outside - this includes loose-fitting, tightly woven long-sleeved shirts and long pants
☼ asked to provide sunscreen with an SPF 15 or higher that offers protection against UVA and UVB rays and is water-resistant
☼ required to give permission for staff to administer sunscreen; and
☼ encouraged to practice and demonstrate sun safety behaviours themselves
SAMPLE LETTER FOR PARENTS

Dear Parent:

ABC child care facility is pleased to inform you that we have a comprehensive sun safety policy, as one of our measures to protect your child’s health. Practicing sun safety during childhood and adolescence plays an important role in the prevention of skin cancer. One severe sunburn during childhood can double the risk of developing skin cancer later in life. The staff at ABC child care facility would like to work with you in providing the best possible sun protection for your child.

Please provide your child with:
☼ a wide-brimmed hat that will protect your child’s face, neck and ears. Baseball hats are not recommended because they do not shield the neck, ears or cheeks;
☼ protective clothing such as lightweight long-sleeved shirts and pants;
☼ unbreakable sunglasses that offer 100% UVA and UVB protection; and
☼ a water resistant sunscreen with an SPF 15 or higher that offers protection from UVA and UVB rays.

_Sunscreen, hats, and clothing should be clearly labelled with your child’s name in permanent marker._

Sincerely,

Jane Smith
Owner, ABC child care facility
PESTICIDES

A pesticide is a chemical or combination of chemicals that have been designed to kill, control or repel weeds, insects and rodents. Fertilizers containing herbicides (weed killers) are considered pesticides. Cosmetic use of pesticides have been banned in the province of Ontario.

Since the long-term health impacts of pesticide use are not fully understood, avoid using pesticides whenever possible.

Considerations
- Consult a knowledgeable person about your specific needs
- Compare products and try to select a natural or “green” product
- Use a product that has been pre-mixed and ready-to-use
- Purchase only as much product as you need

Health effects

Children may be more at risk of developing health problems due to pesticide exposure because:
- Their activities lead to more exposure e.g. playing in the grass, putting hands or toys into their mouths
- They are closer to the ground and potentially breathe in higher amounts of pesticides
- Proportional to their weight, they breathe in more air and consume more food and drink than adults
- Their immature metabolic systems cannot break down toxins as effectively as adults
- Their bodies are rapidly growing and developing

Precautions
- Read the label carefully, so you are informed about the active ingredients, recommended uses, rate of application, safety precautions, first aid, clean-up and disposal instructions
- Always follow manufacturer’s instructions and never apply more pesticide than indicated
- Never spray in windy conditions or on smog alert days
- Always wear protective clothing such as gloves, shoes and goggles when applying or mixing pesticides
- Never eat or smoke when handling pesticides
- Change clothes and always wash hands thoroughly with soap and water when finished
- Store pesticides out of reach of children at all times
- Bait stations must be tamper proof to prevent accidental exposure to children and animals
Useful Internet Resources


- Environmental Protection Agency (United States) [http://www.epa.gov/pesticides/](http://www.epa.gov/pesticides/)


- Mount Sinai School of Medicine: Center For Children’s Health and the Environment [http://www.childenvironment.org/](http://www.childenvironment.org/)

Useful Fact Sheets

- Durham Region Health Department: *Reducing Pesticides: A Guide to Healthy Lawns & Gardens*
- Environmental Protection Agency: *Pesticides and Child Safety*
- Environmental Protection Agency: *Protecting Children from Pesticides*
- Health Canada: *It’s Your Health: Healthy Lawns*
- Mount Sinai School of Medicine: Center For Children’s Health and the Environment: *Children’s Unique Vulnerability to Environmental Toxins*
- Mount Sinai School of Medicine: Center For Children’s Health and the Environment: *Protecting Children From Pesticide Exposure in Schools*
PLAYGROUND SAFETY

In 2009, there were 3,913 emergency room visits and 262 hospitalizations due to falls from playground-related injuries for the age group 0 – 6 years old in Ontario. Of these injuries, 172 emergency room visits and 7 hospitalizations were in Durham Region. Falls are the leading cause of playground injuries for children 0 -14 years of age. Most falls involve swings, slides or climbers. While most playground injuries are non-life threatening, in some instances, children can be seriously injured or even killed on playground equipment. Strangulation is the major cause of death on Canadian playgrounds, and occurs when drawstrings, scarves, loose clothing or skipping ropes become entangled in equipment or fences.

The Ministry of Child and Youth Services requires all licensed day nursery operators to develop a playground safety policy. The policy is to provide all staff with the day nursery supervision and programming expectations as well as the requirements to meet the CSA Standard.

DETERMINING THE HAZARDS

Does your day nursery centre have a safe playground? The three key areas of preventing injuries are adequate surfacing, safe equipment and active supervision.

ADEQUATE SURFACING

Proper quality and depth of protective surfacing material under and around the playground equipment will reduce the chance and severity of injuries due to falls. The CAN/CSA-Z614 A National Standard of Canada, Children’s Playspaces and Equipment, recommends a sufficient depth of loose-fill material such as pea gravel, sand, wood chips, wood mulch, or synthetic material. There must be an appropriate depth of protective surfacing material to reduce the severity of injury in case of a fall from the playground equipment. The required depth of the protective surfacing varies according to the fall height of the equipment and must be verified through acceptable testing methods. The owner/operator of the day nursery is responsible for ensuring the protective surfacing is adequate and meets all testing requirements. The surfacing must be checked routinely for compaction, which may decrease the effectiveness of absorbing shock during a fall. Snow, ice, and freezing temperatures may also reduce the effectiveness of an approved protective surface.
SAFE EQUIPMENT

- To prevent entrapment spaces, openings in the playground equipment must be smaller than 88.9 mm (3 ½”) or larger than 228.6 mm (9”)
- The equipment must not have protrusions or gaps around the entrance of slides and sliding poles, where clothing may become entangled, which could lead to strangulation
- The equipment must be free of any sharp edges or protrusions (e.g. bolts or nails sticking out), which may cause serious wounds
- The playground structures should be inspected daily, monthly and annually for signs of wear, vandalism, missing protective barriers/guardrails, or any other possible hazards

ACTIVE SUPERVISION

The CAN/CSA-Z614 recommends that playground equipment be designed for 2 age groups; 18 months to 5 years (preschool) and 5 to 12 years (school age). Professional care providers should ensure that children are using age appropriate equipment. Active supervision includes:

- removing all drawstrings, scarves and helmets
- not allowing skipping ropes or other ropes, strings etc. to be tied to any play structure
- educating children on safe and proper use of play equipment:
  - feet first going down slides
  - waiting their turn
  - no standing in front of moving swings or within the exit region of a slide
  - holding on to handgrips
  - no horseplay (e.g. pushing or shoving) on structures

HEALTH DEPARTMENT INSPECTION

The Durham Region Health Department may conduct an inspection of your day nursery play space to assess whether there are any “health hazards” as mandated by the Health Protection and Promotion Act on or around the play space. The Public Health Inspector uses the Canadian Standards Association: Children’s Playspaces and Equipment CAN/CSA-Z614 to determine whether critical and non-critical hazards exist on the playground structure and will highlight deficiencies based on their assessment.
SMOG

What is Smog?
- Smog often occurs on hot, humid summer days
- Smog is a combination of airborne pollutants that can affect our health and the environment
- The most harmful components of smog are Ground-level ozone and Volatile Organic Compounds

Health Effects
- Smog can cause eye, nose and throat irritation
- Smog can cause coughing, wheezing and shortness of breath
- Smog can lower resistance to infections
- Smog can make heart and lung conditions worse and lead to hospitalization and premature death
- Smog is especially harmful to: young children, the elderly, pregnant women, and people with existing heart and lung conditions

Precautions for Smog Days
- Avoid strenuous exercise and limit outdoor activity where possible
- Reschedule or plan outdoor activities for early in the morning
- Stay away from high traffic areas to reduce exposure to vehicle exhaust
- Stay inside in an air-conditioned environment
- Keep well hydrated by drinking lots of clear fluids
- Seek medical attention for those experiencing symptoms such as a tight chest, coughing, wheezing or shortness of breath, weakness or fatigue

How Smog Affects the Health of Children
Children are more likely to experience respiratory effects from smog such as wheezing, coughing and shortness of breath, because:
- Children breathe in more air than adults and they breathe faster than adults, especially during strenuous activity and play.
- Children tend to breathe through their mouths and by-pass the natural filtering system in the nose. This allows large amounts of polluted air to get directly to their lungs.
- Children spend more time outside than adults.
- Smog increases a child’s risk of getting sick. Children are more susceptible to infections than adults; smog reduces the respiratory system’s ability to fight infection and remove foreign particles.
- Smog can make the symptoms of childhood asthma and allergies worse.
- Children’s lungs are still developing after birth. Although lung development continues well into the teenage years, the greatest rate of development is through early childhood.
AIR QUALITY HEALTH INDEX

What is the Air Quality Health Index (AQHI)?

The Air Quality Health Index or "AQHI" is a scale designed to help you understand what the air quality around you means to your health.

It is a health protection tool that is designed to help you make decisions to protect your health by limiting short-term exposure to air pollution and adjusting your activity levels during increased levels of air pollution. It also provides advice on how you can improve the quality of the air you breathe.

This index pays particular attention to people who are sensitive to air pollution and provides them with advice on how to protect their health during air quality levels associated with low, moderate, high and very high health risks.

The AQHI communicates four primary things;

1. A number from 1 and 10+ indicating the quality of the air. The higher the number, the greater the health risk associated with the air quality. When the amount of air pollution is very high, the number will be reported as 10+.
2. A category that describes the level of health risk associated with the index reading (e.g. Low, Moderate, High, or Very High Health Risk).
3. Health messages customized to each category for both the general population and the 'at risk' population.
4. Current hourly AQHI readings and maximum forecasted values for today, tonight and tomorrow.

The AQHI is designed to give you this information in one place along with some suggestions on how you might adjust your activity levels depending on your individual health risk from air pollution.

What is the scale for the new AQHI?

The AQHI is measured on a scale ranging from 1-10+. The AQHI index values are also grouped into health risk categories as shown below. These categories help you to easily and quickly identify your level of risk.

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- 1-3 Low health risk
- 4-6 Moderate health risk
- 7-10 High health risk
- 10+ Very high health risk

How can I find out about the air quality in my community?

Go to www.airhealth.ca, click on Your Local AQHI Conditions and find your community on the map.
WEST NILE VIRUS

What is West Nile Virus?

West Nile Virus is spread to humans from the bite of an infected mosquito. It can cause fever, headache and muscle aches usually lasting a week or less. Rarely, (less than 1% of cases) it causes encephalitis (swelling of the brain) or meningitis (swelling of the lining of the brain and spinal cord).

How is it spread?

West Nile Virus (WNV) is spread to humans through the bite of an infected mosquito. A mosquito becomes infected by biting a bird that carries the virus. WNV is mostly a disease of birds but sometimes spreads to humans by mosquitoes that have fed on both birds and humans.

What can Day Nursery staff do to help prevent WNV?

Reduce larval mosquito breeding sites on Day Nursery property:

Mosquitoes lay their eggs in stagnant water. Removing or weekly draining of objects that could contain stagnant water can reduce the number of mosquitoes around your facility. Check roof gutters, planters, birdbaths, recycling containers, toys that hold water, water play equipment and other potential areas where water can collect.

Prevent mosquitoes from entering buildings:

Mosquitoes can enter buildings through open or unscreened windows or doors or broken screens. Ensure that window and door screens at your facility are tight-fitting and in good repair.

Protect yourself from mosquito bites:

Mosquitoes are most active from May through September when the weather is warmer. Mosquitoes are most active at dusk and dawn. To protect yourself from mosquito bites, the following precautions are suggested.

- Limit time outdoors when mosquitoes are most active (at dawn and dusk)
- Wear protective clothing such as light-coloured, full-length pants, long sleeved shirts and socks
- Use an insect repellent if you plan to be in areas of potential mosquito activity (i.e. shaded areas, woods, cedar hedges etc.)
- Follow manufacturers instructions regarding the use of insect repellents and/or refer to Health Canada’s website on insect repellent safety
**List of Vector-Borne Disease Resources (West Nile Virus & Lyme Disease)**

**West Nile Virus Resources**

- Fact sheets: West Nile Virus (WNV), WNV & Birds, WNV & Larviciding, WNV-Mosquitoes and Personal Precautions, WNV & Stagnant Water
- West Nile Virus pamphlets & pamphlet holders: Mosquitoes & West Nile Virus, Effective Control of Mosquitoes Around Your Home, Safety Tips on Using Personal Insect Repellents
- Free-standing West Nile Virus “Banner Bug” display suitable for parent forums and community events
- Various promotional items suitable for children

**Lyme Disease Resources**

- Lyme disease pamphlets and pamphlet holders
- Free-standing Lyme disease “Banner Bug” display suitable for parent forums and community events
- Various promotional items suitable for children

**Internet Resources**

For further information on West Nile Virus or Lyme Disease and links to other useful websites go to the Durham Region website at [www.durham.ca](http://www.durham.ca) and click on Departments > Health > Vector-borne Diseases and then either West Nile Virus or Lyme disease