



DURHAM
REGION
HEALTH
DEPARTMENT

Spring/Summer 2024

Wee Care



Newsletter

Key IPAC Measures to Reduce Transmission of Respiratory Illnesses

While the Durham Region Health Department is not currently declaring and/or managing respiratory outbreaks in child care centres, we would recommend that the following infection prevention and control (IPAC) measures be implemented during periods of increased respiratory illness.

Note: We continue to declare and manage enteric outbreaks. Please report enteric outbreaks promptly by completing and submitting our [Child Care Setting Outbreak Reporting Form - Durham Region](#) along with an initial [Line List](#) that includes all symptomatic children and staff.

For further information regarding illness exclusions versus outbreak reporting, please refer to our [Illness Exclusion Versus an Outbreak](#) chart.

Recommended Infection Control Measures for Respiratory Illnesses

- Prevent staff movement between rooms whenever possible
- Ensure staff and children perform frequent and thorough [hand hygiene](#)
- Ensure staff and children practice [respiratory etiquette](#) – i.e. cough/sneeze into a tissue or their elbow
- Clean and disinfect toys at least daily, and immediately if observed to have been contaminated
- Clean and sanitize/disinfect high touch surfaces at least twice daily (e.g. toilet fixtures, sinks/faucets, countertops, floor mats, tables, doorknobs, phones, light switches, keyboards, touch screens, computers, etc.)

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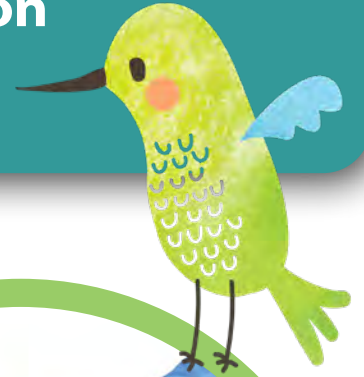
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Key IPAC Measures to Reduce Transmission of Respiratory Illnesses (cont'd)



- Follow manufacturer's instructions for proper sanitizer/disinfectant use and contact time (i.e. Oxivir TB)
- If bleach is used, mix 10mL bleach to each 90mL water (15oz bleach to each 1gal. water) to provide a 5000ppm solution and apply for 10 minutes contact time
Note: For convenience, consider a disinfectant product with a shorter contact time
- Have appropriate test strips available to ensure that sanitizer and disinfectant products are mixed and maintained at the proper concentrations
- Suspend group sensory/water play and temporarily remove all plush/absorbent items from rooms with increased cases of illness
- Ensure diligent daily screening for symptoms and prompt exclusion of any symptomatic staff and children
 - Encourage staff/parents to complete the [Ontario Self Assessment Tool](#) prior to attending at the centre
 - Symptomatic children must be immediately separated from others and be maintained in a supervised area until they can go home
 - Children/staff should not return to the centre until they are symptom free for a minimum 24 hours (48 hours if there are any enteric symptoms) and have no fever (greater than or equal to 38 degrees Celsius in one ear)
 - Contaminated items belonging to an ill child (including soiled clothing) must be sent home in a securely tied plastic bag for cleaning/laundry. Soiled items must not be rinsed or washed at the centre
- Do not allow new admissions to the centre or transfers of children between rooms
- Limit parent/visitor access to the centre and suspend centre tours
- Any children/staff diagnosed with a COVID-19 infection should:
 - Not return to the centre until they are symptom free for a minimum 24 hours (48 hours if there are any enteric symptoms) and have no fever (greater than or equal to 38 degrees Celsius in one ear)
 - Upon their return to the facility, recovering children/staff should wear a medical mask (if tolerated), for a total of 10 days from their symptom onset/swab date (if tested), whichever occurred first. During that period, if they remove their mask, they should avoid interacting with other staff or children (e.g. during meals or breaks)
- Recovering children should not participate in indoor activities that may involve heavy breathing (e.g. singing, playing an instrument, boisterous play)

Test Your Outbreak Knowledge

When should you notify Public Health of an Outbreak?

- When there are 2 or more children/staff with enteric symptoms within 48 hours of each other
- When there are 2 or more children/staff with respiratory symptoms within 48 hours of each other
- All the above

How can you report an outbreak to Public Health?

- Submit online reporting form
- Contact 905-668-2020 to speak with a Public Health Inspector
- All of the above



What symptoms are associated with enteric illness?

- Solid stool
- Vomiting
- Cough
- Diarrhea
- Both b & d



What can you do if your centre is experiencing an increase in respiratory symptoms?

- Implement infection prevention and control (IPAC) measures during periods of increased respiratory illness
- Report the increase in respiratory illness to Public Health
- All the above

What is a "true" enteric case?

- A child/staff member with 1 episode of diarrhea within a 24-hour period
- A child/staff member with 2 episodes of vomiting within a 24-hour period
- A child/staff member with a cough and a runny nose

If no outbreak is declared, symptomatic children/staff can return to child care the next day:

- True
- False



Answers can be found on page 5.

Proper Storage of Diaper Creams & Ointments

During inspections, our public health inspectors have been encountering children's diaper creams and ointments being stored all together in a single bin. This is a concern for the health department in respect to the potential for cross contamination of products during use or the potential for staff to possibly use the wrong product on the wrong child.

We understand that the Ministry of Education program advisors have required that diapering items not be stored within reach of children, resulting in staff having to move the diaper creams/ointments from lower-level diapering bins/cubbies to upper shelves or cubbies. However, **these items must still be stored labelled with each child's name and separated in some manner.** Acceptable, separated storage options would include providing separate, labelled zip-lock bags, or cleanable dividers/divided bin(s) with separate slots for creams/ointments.

Some examples of dividers/
divided bins available online:



Health Canada Warning - Water Beads

The health department is recommending that child care centres not have water beads in their facilities due to the potential for serious injuries related to ingestion or blockage of the ears, nose or throat.

The following information was obtained from a [Health Canada warning](#) (last updated February 16, 2024).

Health Canada is warning parents and caregivers about the risks of water beads. **These tiny beads, also known as jelly beads, hydro orbs, crystal soil, sensory beads or orb beads, are water-absorbing gel beads that can grow up to 1,500 times their size when placed in water.** Water beads can be very harmful if swallowed or put in the ears or nose. If ingested, water beads can continue to grow inside the body leading to potentially life-threatening injuries, such as intestinal or bowel obstruction.

Water beads can be found in a wide range of products that may be accessible to children, such as toys, art kits, stress balls, foot baths, vase fillers, and gardening products. They are also sold in their dehydrated form in individual containers. They may be promoted to parents and caregivers of young children, specifically for use in sensory bins.

Water beads are typically brightly coloured. This may lead young children or adults with cognitive impairment to mistake them for candy. These beads are also small, slippery, and bouncy, allowing them to roll away from their initial location. In several incidents, children gained access to beads that had rolled to another area of the home and were overlooked during clean-up. In some reported cases, the beads had been purchased for, and used by, an older sibling, but a younger child was able to gain access to them. In other reported cases, young children gained access to water beads while at school or in child care.

For more information, access the Health Canada website via the link provided above.

Sealing Wood & Other Natural Play Items

Wooden toys or shelves, and other natural play/sensory items (e.g. shells/stones) that are not discarded at the end of 1 week's use, must either be non-porous or be sealed in some manner so as to be non-absorbent/waterproof and able to be routinely cleaned and disinfected. Our public health inspectors will generally add a few drops of water onto wood or other toy surfaces to observe whether the water beads and remains on the surface or it is absorbed, leaving the surface visibly wet.



If you choose to apply a sealant to any toys and natural play items, you will want to ensure that a sealed toy is baby/child safe in case it is chewed. The "food-safe" designation issued by the American Food and Drug Administration (FDA) and the European "toy-safe certification" can be used to assess various sealant products.

The literature lists the following general categories of non-toxic sealants:

Shellac: A resin produced by an insect and secreted in trees. Shellac is processed and sold as dry flakes which can be dissolved in alcohol to make a liquid that can be brushed on wood and other items to provide a high gloss, waterproof finish.

Oils: Natural oils like tung, linseed, hemp, or walnut can be used to seal wooden toys/surfaces. Tung oil is described as being the most durable of the oils. Be particular about the brands of oils you use, making sure that they are either food-contact safe or certified toy-safe.

Waxes: Natural waxes like bee's wax or carnauba wax can be mixed with one of the natural, penetrating oils listed above (e.g. linseed oil with beeswax, walnut oil with carnauba wax).

Synthetic sealants: Look for acrylic, polyurethane and polyacrylic products that are designated/certified to be "toy-safe" or "food-contact safe".

Correct answers to our Test Your Outbreak Knowledge Quiz. How did you do? (from page 3)

When should you notify Public Health of an Outbreak?

a) Durham Region Health Department (DRHD) is currently not declaring any respiratory outbreaks in child care centres. We are conducting outbreak management when enteric illness is identified in your centre.

What symptoms are associated with enteric illness?

e) Enteric illnesses include symptoms of nausea, vomiting, and diarrhea (i.e., loose/watery stool that takes the shape of a container it's poured into).

What is a "true" enteric case?

b) To be considered a "true case", a child or staff member should have two bouts of either vomiting or diarrhea (or combination thereof) within a 24-hour period. Staff/children with respiratory symptoms are not enteric "cases" and they do not need to be reported or included on an enteric outbreak line list.

How can you report an outbreak to Public Health?

c) You can report an outbreak via the [online reporting form](#) or by calling 905-668-2020. To avoid further transmission, please ensure outbreaks are reported promptly. Include an initial line list with the reporting form.

What can you do if your centre is experiencing an increase in respiratory symptoms?

a) Child care centres do not need to report an increase in respiratory illness to the DRHD as we are currently not declaring or managing any respiratory outbreaks in child care centres. The DRHD does recommend implementing IPAC measures during periods of increased respiratory illness. See the article, Key IPAC Measures to Reduce Transmission of Respiratory Illnesses, for further information.

If no outbreak is declared, symptomatic children/staff can return to child care the next day:

b) Children/staff should not return to the centre until they are symptom free for a minimum 24 hours (48 hours if there are any enteric symptoms) and no fever is present (e.g. temperature greater than or equal to 38 degrees Celsius/100 degrees Fahrenheit). Please refer to our [Illness Exclusion vs. an Outbreak](#) sheet.

Update on Measles



Although measles is still very common in some parts of the world, cases in Canada have generally been rare due to high rates of measles immunization (MMR vaccine). Most cases that occur in Canada arise from travel or contact with people from areas where measles is common. Measles cases generally occur in young, un-immunized children, or in older individuals who have received only one dose of vaccine.

In recent months Ontario has begun to see more measles cases due to a global increase in cases and due to vaccine hesitancy.

What is measles and how is it spread?

Measles is a highly contagious respiratory infection that is caused by a virus. The virus is spread easily from person to person when an infected person coughs or sneezes. Individuals can acquire infection by having direct contact with nose and throat secretions that are suspended in droplets in the air, or by touching their eyes, nose or mouth after touching a surface freshly contaminated with nose and throat secretions.

- **Anyone who has not had the disease or who has not been fully immunized is at risk of getting measles if they are exposed to the virus**
- **The measles virus can remain contagious in the air or on contaminated surfaces for at least 2 hours**
- **Individuals infected with measles are contagious from 4 days before until 4 days after the rash appears**

Symptoms

Measles symptoms may start anywhere **from seven to 21 days after exposure to someone with measles**. Symptoms generally last for one to two weeks.

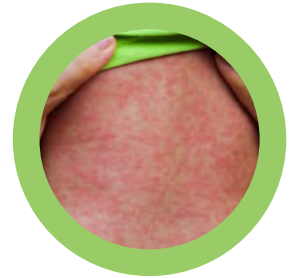
Symptoms include:

- Fever
- Runny nose
- Cough
- Red and watery eyes
- Feeling tired
- Small white spots (Koplik spots) can appear on the inside of the mouth and throat

- About three to seven days after symptoms begin, a red rash appears that typically begins on the head and spreads down the body to the arms and legs. The rash disappears in the same order of appearance (head to foot) in about four to seven days

Measles can also lead to:

- Dehydration
- Ear infections
- Diarrhea
- Lung infections (pneumonia)
- Blindness
- Swelling of the brain (encephalitis)
- Hearing loss
- Seizures
- Permanent brain damage (subacute sclerosing panencephalitis)
- Death



Infants under 12 months and people who are pregnant or have weak immune systems can become very ill from measles infection.

Measles during pregnancy can lead to premature delivery, low birth weight, and miscarriage.

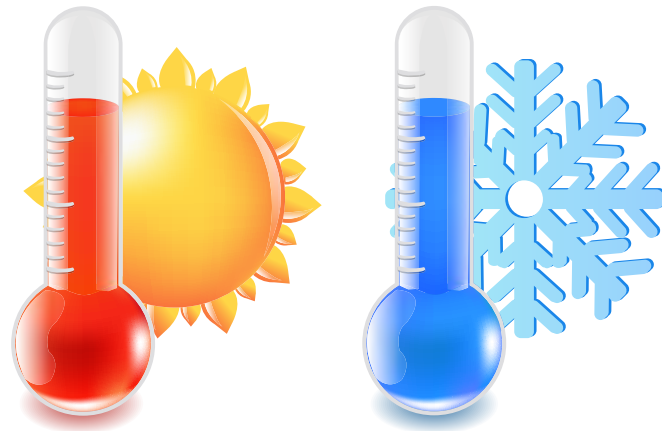
If a child care staff or child has experienced symptoms of measles prior to attending the child care centre they should stay home. If the child or staff starts to experience symptoms while at the child care centre they should be immediately excluded. In either case above, the individual should arrange to see their health care provider immediately for assessment. The healthcare facility/health care provider should be notified that measles is suspected prior to arrival so that appropriate precautions can be taken to prevent possible transmission.

To date, as of March 27, 2024 there have been nine laboratory-confirmed cases of measles reported in Ontario.

For more information about measles please refer to our [measles webpage](#) at durham.ca, or Public Health [Ontario's Infectious Disease Trends in Ontario](#), or [Diseases of Public Health Significance Cases](#).

Heat and Cold Alerts

The Durham Region Health Department does not specify at what temperatures you should avoid sending children outside or should implement other safety measures during periods of extreme weather/temperatures. Child care centre owners/operators should be developing their own action plans in regard to managing these circumstances (in conjunction with their corporate/umbrella organizations, if applicable).



However, the Health Department does provide both heat and cold alerts, and our child care partners can sign up to receive these alerts by emailing heatalert@durham.ca and coldalert@durham.ca and requesting to subscribe. These alerts may be useful as trigger points in the development of your extreme temperature action plans.

Resources:

[Extreme Heat and Humidity - Region of Durham](#)
[Cold Weather and Alerts - Region of Durham](#)
[Criteria for public weather alerts - Canada.ca](#)

Indoor Temperature Requirements

Did you know that Section 23 of Ontario Regulation 137/15: General, under the Child Care and Early Years Act, 2014, specifies that **“every licensee shall ensure that the temperature in each child care centre it operates is maintained at a level of at least 20 degrees Celsius”**?

Conversely, there are currently no legislative requirements for maximum indoor temperatures in child care centres. While this may eventually change in relation to the impacts of climate change, in the meantime, in terms of recommendations for workplaces, the Canadian Centre for Occupational Health and Safety (CCOHS) does provide some information with respect to ideal temperature ranges and ideal maximum indoor temperatures for workplace environments. See the following reference for more information.

Canadian Centre for Occupational Health and Safety (CCOHS):

[CCOHS: Temperature Conditions - Legislation](#)



Protecting Children and Staff from the Effects of Extreme Heat



As our climate changes, extreme heat events have become more frequent. Here are some tips to help you minimize the health risks associated with high outdoor temperatures.

Prepare for hot weather

- Tune in to local weather forecasts and subscribe to Durham's [heat alerts](#) so you know when to take measures to protect staff and children
- Ensure available air conditioners are working properly
- Ceiling or other fans can help as long as the humidity is not high

Keep Everyone Hydrated

- Provide cool liquids (especially water) before children and staff feel thirsty. Thirst is not a good indicator of dehydration.
- Provide water before, during, and after physical activity
- Provide lots of fruits and vegetables as they have a high-water content
- Consider flavouring water with fruits, natural fruit juices, or cucumber slices to make it more appealing



Keep your child care centre cool

- Consider preparing meals that do not need to be cooked in an oven
- Utilize curtains, blinds or awnings to block direct sunlight



Avoid excessive exposure to extreme heat and sun when outdoors

- Ensure that children and staff use sunblock. Sunburned skin loses its sweating efficiency and the ability for the body to regulate its temperature.
- Advise that children and staff wear loose-fitting, light-coloured, breathable clothing and wide-brimmed hats
- Sunglasses should provide protection against both UVA and UVB rays
- Avoid exposing children and staff to direct sunlight – utilize shaded areas, or provide awnings/sun shades/umbrellas
- Plan outdoor activities during cooler parts of the day and reschedule strenuous outdoor activities for cooler days
- During periods of physical activity, ensure children take frequent breaks to cool down

Signs and Symptoms of Heat Related Illness

Heat Cramps

Heat cramps are brief, painful muscle cramps in the legs, arms, or abdomen that may occur during or after vigorous exercise in extreme heat. The sweating that occurs with intense physical activity causes the body to lose salts and fluids, and low salt levels can cause muscles to cramp. Children are particularly at risk for heat cramps when they are not drinking enough fluids.

Heat cramps alone are not particularly serious. However, they can be the first sign of a more serious heat related illness, so action should be taken promptly to avoid further complications.

What to Do:

- Stop the ongoing activity, and move the child or staff to a cool place to allow them to rest
- Provide fluids that contain salt /electrolytes and sugar – e.g. sports drinks
- Gently stretch or massage the cramped muscles

Heat Exhaustion

Heat exhaustion is a more serious heat related illness that can occur when someone in a hot climate or environment has not been drinking enough fluids. Symptoms can include:

- Muscle cramps
- Increased thirst
- Elevated body temperature – but less than 40°C (104°F)
- Confusion and lack of coordination

- Skin rash
- Cool clammy skin
- Muscle cramps
- Dizziness or fainting
- Nausea or vomiting
- Heavy sweating
- Headache
- Rapid breathing and heartbeat
- Dark urine and decreased urination

What to Do:

- Bring the child/staff to a cooler place indoors, an air-conditioned car, or shady area
- Remove excess clothing
- Encourage the child/staff to drink cool fluids containing salt and sugar, such as sports drinks
- Put a cool, wet cloth or cool water on the person's skin
- Contact a physician. If the child/staff is too exhausted or ill to drink, they may need intravenous (IV) fluids

If left untreated, heat exhaustion can develop into heatstroke, which can be fatal.

Heat stroke is a life-threatening medical emergency! Call 911 immediately.

In heatstroke, the body cannot regulate its own temperature. Body temperatures can soar to 41.1°C (106°F) or higher, leading to brain damage or even death if not quickly treated. Prompt medical

attention is required to bring the body temperature under control.

Factors that increase the risk for heatstroke include overdressing and extreme physical activity in hot weather with inadequate fluid intake. Heatstroke also can happen if a child is accidentally left in a car on a hot day.

Symptoms of Heat Stroke:

- High body temperature, 40°C (104°F) or higher
- Rapid breathing and heartbeat
- Hot, dry, red skin
- No sweating
- Confusion and lack of coordination
- Seizures
- Dizziness/Fainting
- No sweating
- Nausea

What to Do:

While waiting for help — cool the person right away by:

- Moving them to a cool place if possible
- Applying cold water to large areas of the skin
- Fanning the person

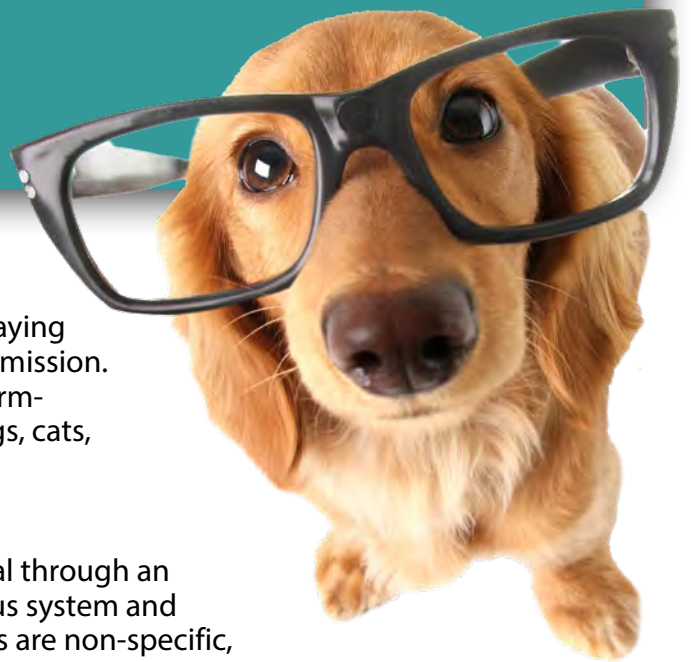
Resources:

Durham Region Wee Care Manual

[Fact Sheet: Staying Healthy in the Heat - Canada.ca](#)



Rabies – Precautions To Take



While there are many developmental benefits to children playing outdoors, exposure to animals can pose a risk of rabies transmission. Rabies is caused by a virus found in the saliva of infected warm-blooded mammals such as raccoons, foxes, bats, skunks, dogs, cats, ferrets, and livestock.

Rabies, if left untreated, is a fatal disease:

Rabies virus is transmitted via the saliva of an infected animal through an animal bite or scratch. Rabies virus infects the central nervous system and ultimately causes death. Early symptoms of rabies in humans are non-specific, consisting of fever, headache, and general malaise. As the disease progresses, neurological symptoms appear that may include insomnia, anxiety, confusion, slight or partial paralysis, excitation, hallucinations, agitation, hypersalivation, or difficulty swallowing. Death usually occurs within days of the onset of symptoms.

Rabies is a preventable disease. What you can do:

- By law in Ontario, owners of dogs, cats, and ferrets are required to maintain their pets with an up-to-date rabies vaccination
- Playground fences and gates should be maintained in good condition, be tightly secured, and free of holes and cracks, to prevent access by animals
- Child care centre staff should ensure children are kept away from wild animals, such as raccoons, foxes, bats, as well as unknown and stray cats/dogs
- It is also important to always pay close attention if children interact with any domestic pets to prevent a potential animal bite or scratch incident

Rabies is a reportable disease:

In the event of an animal biting incident, immediately wash the affected area(s) thoroughly with soap and water, seek medical attention as necessary, and report the incident to the Durham Region Health Department. Public health inspectors are available for risk assessments and to conduct a 10-day confinement period or laboratory submission to test for rabies in an animal as needed. If the animal cannot be located, the Durham Region Health Department will advise the affected individual or their parent/guardian to consult with their family doctor regarding anti-rabies treatment. Please visit [Rabies Resources](#) for valuable information about rabies and the health department's role in animal bite/scratch investigations.

To report an animal biting or scratching incident, and to find out more information, visit our rabies webpage durham.ca/rabies, or call 905-668-2020 or 1-800-841-2729 to speak with a public health inspector.



REMINDER! Update your contact information

From time-to-time, there may be an urgent message that Durham Region Health Department will have to send to all child care centres. A current contact list will help us distribute the information to you more efficiently. If your centre has had any changes to your child care centre contacts, such as managers, supervisors, telephone numbers, or e-mail addresses, please forward the new information to ehl@durham.ca to update the list.



**Please print and post this e-newsletter
in a common area for those who do not
have access to email.**

The WEE CARE Newsletter is published and distributed by Durham Region Health Department, Health Protection Division, and is distributed to licensed child care centers in Durham Region.

Questions, comments, and article submissions can be forwarded to ehl@durham.ca.

Co-editors: Toni Moran and Ashfeeya Master

Acknowledgements: Health Protection Division - Rabies Program

We would like to remind all child care centre owners, supervisors, and staff that we welcome any suggestions that you may have for future article topics or ideas and any comments you have to improve the newsletter!

*We welcome your ideas
and suggestions!*

Please submit comments by email to ehl@durham.ca.

