

Outbreak Reporting and Illness Management Resources

If you observe that your child care facility is experiencing an increase in some of the common symptoms of illness and you suspect that you may be dealing with an outbreak, it is important to report this to the health department as soon as possible so that our staff can provide you with infection control resources and assist you to manage the outbreak.

Managing Respiratory Illnesses

While the health department is not currently declaring and or managing respiratory outbreaks, and these are not required to be reported, we can still provide you with valuable infection control resources and measures to assist you to control and prevent further spread of illness.

Reporting and Managing Enteric Illnesses

If you observe an increase in symptoms of enteric illness (i.e. vomiting, diarrhea, nausea, abdominal cramps and fever) in children or staff, then this should be reported as soon as possible as a suspect enteric outbreak. Enteric illnesses should ideally be reported using our online Child Care Setting Outbreak Reporting Form. However, if you have questions, you may also call to speak with a public health inspector at 905-668-2020 / 1-800-841-2729.

Along with the Outbreak Reporting Form, you should submit an initial outbreak line list. The <u>Line List Template</u> is available on the same page as the Outbreak Reporting Form.



Outbreak Reporting and Illness Management Resources (cont'd)

The Line List is an important tool that the health department uses to determine if an outbreak is actually occurring and when it might be possible to declare the outbreak over based on the following:

- Types of symptoms observed and if symptoms may be unrelated (e.g. due to underlying chronic illness, food intolerance, new medications, etc.)
- How many individuals are affected
- Date of onset of illness for each individual
- What room(s) are affected
- Potential for additional exposures / transmission based on the last date a symptomatic individual was in the centre
- Date of last onset of symptoms

Exclusion of All Children or Staff Experiencing Enteric Symptoms

During an outbreak, any children or staff who do not meet the enteric "case" definition do not need to be line listed.

However, at all times, any individuals having even one episode of unexplained / unusual for them vomiting and or diarrhea must still be excluded from the child care facility for the applicable exclusion period - generally until they are 48 hours symptom free and have no fever. Please refer to our Illness Exclusion Versus An Outbreak chart for further clarification.

Exclusion of All Children or Staff Experiencing Respiratory Symptoms

At all times, any children or staff experiencing any new, unexplained / unusual for them respiratory symptoms including cough, runny or stuffy / congested nose, sore throat, shortness of breath, fever and or chills must be excluded from the child care facility for the applicable exclusion period - generally until they are 24 hours symptoms free and have no fever. Refer to the Illness Exclusion Versus An Outbreak chart for further clarification.



Illness Exclusion Versus An Outbreak **Enteric Illness**

Scenario	Exclusion	Outbreak Status	Return Policy
One child/staff with 1 episode of enteric symptom(s)* within a 24-hour period	Child/staff must be excluded immediately and sent home	No outbreak to report	III child/staff must be symptom free for at least 48 hours and no fever is present
One child/staff with 2 episodes of enteric symptom(s)* within a 24-hour period	Child/staff must be excluded immediately and sent home	No outbreak to report	III child/staff must be symptom free for at least 48 hours and have no fever
Two or more children/staff with 1 episode of enteric symptom(s)* each within a 24-hour period	Children/staff must be excluded immediately and sent home	No outbreak to report	III children/staff must be symptom free for at least 48 hours and have no fever
Two or more children/staff with 2 episodes of enteric symptom(s)* each, within a 24-hour period, but no common link within the centre (e.g. not in the same room, etc.)	Children/staff must be excluded immediately and sent home	No outbreak to report	III children/staff must be symptom free for at least 48 hours and no fever is present
Two or more children/staff ill with initial enteric symptom onset within a 48-hour period and with a common link within the centre (e.g. same room, etc.). Each child/staff had 2 or more episodes of enteric symptom(s)* within a 24-hour period.	Children/staff must be excluded immediately and sent home	Outbreak definition met. Contact the health department promptly using our Outbreak Reporting Form and/or call 905-668-2020 to speak with a Public Health Inspector.	III children/staff must be symptom free for at least 48 hours and have no fever

https://forms.durham.ca/Health/Child-Care-Setting-Outbreak-Reporting-Form

*Symptoms include diarrhea (i.e., loose/watery stool) and/or vomiting

Respiratory Illness

Scenario	Exclusion	Outbreak Status	Return Policy
One child/staff experiencing respiratory symptom(s)**	Child/staff must be excluded immediately and sent home	No outbreak to report	Ill child/staff must have symptom(s) improving for at least 24 hours and have no fever
Two or more children/staff experiencing respiratory symptom(s)** within a 48-hour period, but no common link (e.g. not in the same room, etc.)	Children/staff must be excluded immediately and sent home	No outbreak to report	Ill children/staff must have symptom(s) improving for at least 24 hours and have no fever
Two or more children/staff experiencing respiratory symptom(s)** within a 48-hour period with a common link (e.g. same room, etc.)	Children/staff must be excluded immediately and sent home	No outbreak to report*** Refer to: Recommended IPAC Measures During Periods of Increased Respiratory Illness.	Ill children/staff must have symptom(s) improving for at least 24 hours and have no fever

https://www.durham.ca/en/health-and-wellness/resources/Documents/OperatingaChildCareCentre/WeeCare

**Symptom(s) are new, worsening, and not related to other known causes or conditions. Respiratory symptoms

***The health department is not currently declaring or managing respiratory outbreaks in child care centres





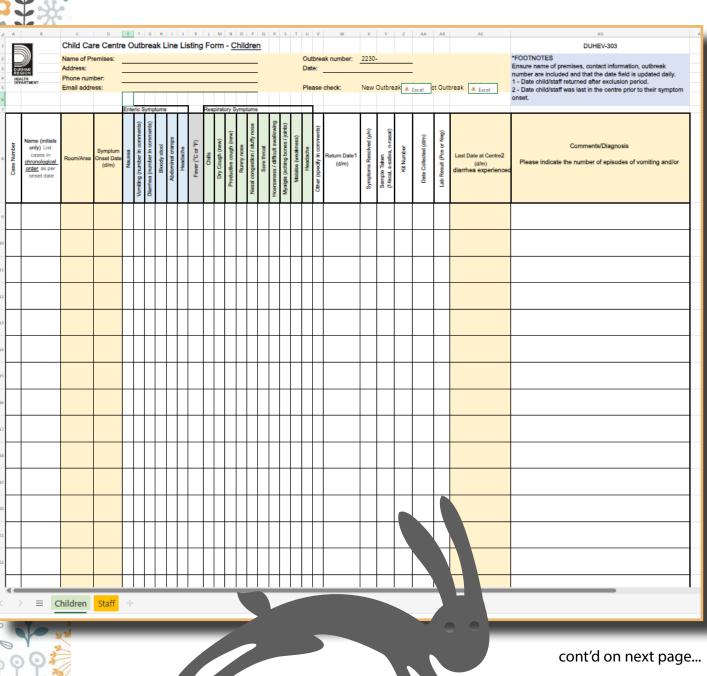




Completing an Outbreak Line List

When completing a Line List it is very important to provide as much information as possible utilizing the following fields/columns.

- At the top of the Line List you need to fill in the:
 - Child care facility name
 - Child care facility address
 - Contact info for the supervisor / facility
 - The outbreak number once it has been provided by the health department
 - The submission date this needs to be updated daily



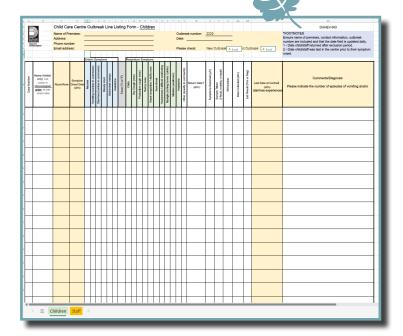
Completing an Outbreak Line List (cont'd)



- Separate worksheets must be completed for children and staff and possibly separate sheets for each room if there is a large / extended outbreak. Individual worksheets can be accessed via the labelled tabs at the bottom of the Line List (Excel Document).
- List only those children or staff who meet the definition of an "enteric case". An "enteric case" is defined as a child / staff with 2 or more episodes of diarrhea and or vomiting within a 24-hour period.
- Add children / staff in order of symptom onset date; only include individuals once (unless they experience a new onset of symptoms after initial recovery).
- Include any children / staff, not currently in the facility, but that have experienced enteric illness at home or in hospital.
- Include the classroom name (e.g. Toddler 1).
- Only use first and last name initials for all cases in respect to privacy of medical information.
- List all symptoms and include the number of episodes of e.g. vomiting / diarrhea in the final "Comments / Diagnosis" column (e.g. diarrhea $\times 2 / 2+$) OR in the applicable symptom column (e.g. under diarrhea put $\times 2$ or 2+).
- There is no need to list any respiratory symptoms on a line list for an identified enteric outbreak.
- Provide a date in the "Last Date at Centre" column. This refers to the last date the individual was in the centre prior to symptom onset. This is important with respect to whether the individual was exposed or if they could have been involved in further transmission of infection. This also helps to determine when the outbreak can be declared over.
- In the final "Comments / Diagnosis" column include any additional important information such as:
 - The number of episodes of vomiting / diarrhea.
 - Information about relationships between children and or staff (e.g. child A.B. in Toddler room 1 is the sibling of child C.B. in Preschool room 2). Such information can provide clues as to a possible epi-link if you have observed illness spread from one room to another.
 - A health care provider has provided an alternative diagnosis and determined that an individual's symptoms are unrelated to the outbreak.

This additional information can help to determine if proactive implementation of infection control measures is required to help prevent further transmission of illness. Measures may include increased surveillance, hand hygiene and or cleaning and disinfection and cessation of group waterplay / sensory activities, etc.

• Fill in the date that a child / staff returns to the facility, once symptoms have resolved and the mandatory exclusion period has passed, in the "Return Date" column.



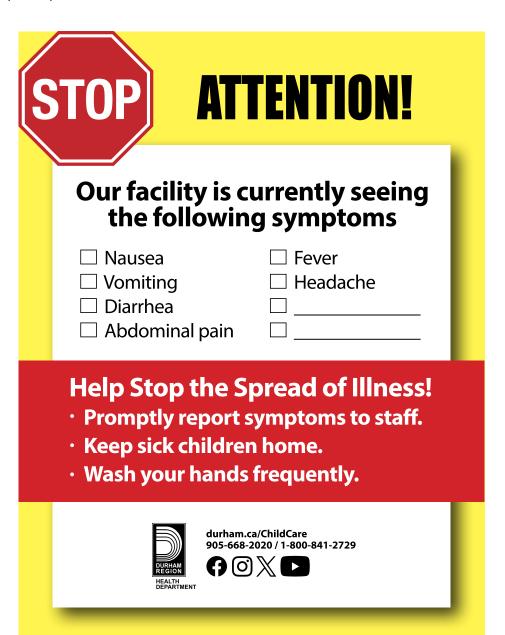


New Resources – Attention! Help Stop the Spread of Illness Posters

When your child care centre is starting to observe an increase in symptoms of either respiratory or enteric illness you may find it useful to post the following posters to advise parents of the situation and to ask for their assistance in halting the spread of infection.

By posting these posters you can advise parents that your centre is experiencing an increase in specific respiratory or enteric symptoms, and you can highlight the actions they can take to either assist in preventing an outbreak OR to reduce the length of time a pre-existing outbreak is in effect.

You can download and print off copies of these one-time-use posters from our website at <u>durham.ca/childcare</u> and you can add any additional symptoms you may be seeing in the blank spaces provided.





ATTENTION!

Our facility is currently seeing the following symptoms

Cough	Hoarseness
Runny nose	Headache
☐ Congestion/Stuffy nose	☐ Muscle/Joint aches & pains
Fever/Chills	☐ Weakness/Fatigue
☐ Sore throat	
☐ Difficulty swallowing	

Help Stop the Spread of Illness!

- Promptly report symptoms to staff.
- Keep sick children home.
- Wash your hands frequently.



durham.ca/ChildCare 905-668-2020 / 1-800-841-2729











Information Updates

Child Care Centres Undergoing Renovations / Changes

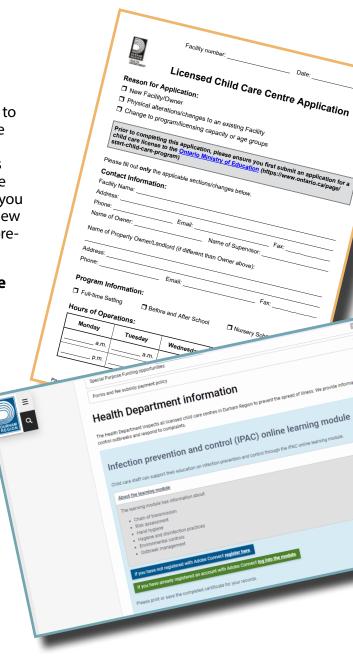
Owner / operators of child care centres need to complete and submit relevant sections of the <u>Licensed Child Care Centre Application</u> form if there are any physical alterations / changes to an existing facility, such as renovations, the addition of a new program room(s) or when you are converting an existing room to house a new age group (e.g. if converting a room from a preschool to a toddler age group).

Child Care IPAC Online Learning Course and Survey

Please take the time to complete our brief survey regarding you and your staff's awareness of our Child Care IPAC Online Learning Course and please continue to encourage all your staff to take the course.

Revised Weekly Temperature Record Requirements for Mechanical Dishwashers

Child care centres are no longer required to record dishwasher temperatures on a weekly basis and / or to maintain such records for a year. Rather, your public health inspector will just continue to verify that your dishwasher is operating in accordance with the requirements of the Food Premise Regulation (Ontario Regulation 493/17) during their routine inspections.





Check Your Supply of Potassium Iodide (KI) Tablets



Have you recently checked your supply of KI? Please take a moment to check and ensure your child care centre(s) have a sufficient supply of KI tablets if you are located within 10-Kilometers of either the Pickering or Darlington Nuclear Generating Stations.

Potassium iodide is a salt of stable iodine and is considered an early protective measure when taken at the right time and at the right dose. The function of KI tablets is to fill the thyroid gland with stable iodine to help prevent or reduce the absorption of radioactive iodine. Radioactive iodine has the potential to cause thyroid cancer later in life if absorbed by the thyroid gland.



In the highly unlikely event of a serious accident where there is a release of radioactive iodine to the environment, the decision to take tablets will come directly from Ontario's Medical Officer of Health and information will be communicated through media outlets (Internet, TV, radio, etc.) and other available channels.

Only child care centres located within a 10-kilometer radius of either nuclear station are required to have a supply of KI tablets readily available on-site. Now is a suitable time for those child care centres to take an inventory of their KI tablets and ensure the following are in place:

- Know where your KI tablets are stored and ensure they are maintained in accordance with manufacturer's instructions.
- Ensure there is an adequate supply of tablets readily available on-site for all children and staff (for dosage requirements please go to <u>KI Tablets Fact Sheet Q&A</u>).
- Keep a record of the quantity of tablets and the locations where the tablets are stored for each of your child care sites within the 10-kilometer radius.
- Ensure there are written policies and procedures for, administering KI tablets to the children and staff, storage of tablets, record keeping, replacement of KI tablets, and auditing. Ensure that all staff are familiar with these written policies and procedures.
- Ensure KI information letters and consent forms are distributed yearly to every parent / guardian who has a child or children at the centre and follow up to ensure that signed consent forms are received and kept on file.
- Ensure all staff are aware of the children whose parents / guardians have not given consent to administer KI tablets in an emergency.

If your child care centre is located within the 10-kilometer radius of either nuclear station and you need more tablets or, you are a new site located within the 10-kilometer radius and did not receive a supply of KI tablets for your centre, please contact Senior Public Health Inspector, Philip Barrocas, at Philip.Barrocas@durham.ca.

For more information about KI, please contact Durham Health Connection Line at 905-668-2020 or 1-800-841-2729, or visit www.preparetobesafe.ca





Managing Dental Emergencies

Children grow and change every day - crawling, walking, and running. Along with these new milestones, bruises, bumps, and accidents can occur. To help avoid dental accidents use safety gates and put corner guards on furniture and never allow a child to walk or run with anything in their mouth.

The following is a guide to dealing with a dental emergency.

Toothache

- If swelling occurs, place a cold compress on the face next to the sore tooth and go to the dentist.
 Swelling could be serious if left untreated.
- DO NOT use heat as this can increase swelling and pain.
- DO NOT place aspirin, other pain relievers, or numbing gels on gum tissue around the sore tooth.
- Take the child to the dentist immediately.



Knocked-Out Tooth

Check to see if the child has any other serious injuries

- If it is a baby tooth, apply pressure to the injured site to control bleeding and see a dentist as soon as possible (a child under five years will probably not have adult teeth).
- If a permanent tooth is knocked out, it may be saved.
- If the tooth is dirty, rinse it with milk (or water if milk is not available do not wipe it. Carefully insert the tooth back into its socket. Make sure it is facing the right way.
- If you cannot replace the tooth in the socket, keep the tooth moist by placing it in a container of milk.
- See a dentist immediately.

Broken, Chipped or Bumped Tooth

- Check to see if the child has any serious injuries.
- Apply pressure to the injured site to control any bleeding. Gently clean any dirt from the injured area using warm water.
- Place a cold compress on the face in the area next to the injured tooth.
- If the tooth has moved or is pushed into the gum tissue, do not attempt to put it back into position.
- · See a dentist immediately.

Bite on Tongue or Lip

- The face and mouth can bleed a lot do not be alarmed.
- Apply direct pressure to the affected area with a clean, cold cloth to reduce any bleeding or swelling.
- If bleeding persists or the bite is severe, seek medical attention.

Lost Filling

- Keep the area clean.
- See a dentist as soon as possible.



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@duham.ca to update the list.



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@duham.ca.

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@duham.ca.

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Acknowledgements: Health Protection Division and Oral Health Division







