

Centre de Garderie SSMU Daycare

Health Protocol Handbook

Information was collected from and follows the rules and regulations set out by the Ministère de la Famille, des Aînés et de la Condition Féminine.

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TABLE OF CONTENTS

INTRODUCTION	4
Health Policies	4
Daily Health and Hygiene	4
Immunization	5
Calendar of immunizations from the Quebec minister of health and social service	5
Administering Medications	5
Chronic Health Conditions	6
Contagious Disease	7
Common Childhood Illnesses	8
Allergies	8
Causes:	9
Common allergic substances and their reactions:	9
SSMU Policy	9
Asthma	10
Other triggers include:	10
Child and group needs:	10
SSMU Policy	10
Colds and Upper Respiratory Tract Infections	11
Signs and symptoms:	11
Child and group needs:	11
While addressing these needs the educator would have to:	12
SSMU Policy	12
Pink Eye (Conjunctivitis)	12
Signs & symptoms:	12
Child and group needs:	13
SSMU Policy	13
Cough	13
Child and group needs:	13
SSMU policy	14
Croup	14
Signs & symptoms:	14
Child and group needs:	14



SSMU policy	15
Diarrhea	15
Common causes:	15
Child and group needs:	16
SSMU policy	16
Fever	16
Child and group needs:	17
SSMU policy	17
Post-inoculation fevers	18
Head Lice	18
Child and group needs:	18
SSMU policy	19
Intestinal Parasites	19
Signs and symptoms	19
SSMU policy	19
Ear Infections (Otitis Medea)	20
Signs & symptoms	20
Child and group needs:	20
SSMU policy	21
Rashes	21
Sore Throat and Strep Throat	21
Common symptoms of sore throat:	21
Signs and symptoms of strep throat:	22
Child and group needs:	22
Educator:	22
SSMU policy	22
Vomiting	23
Common causes:	23
Child and group needs:	23
SSMU policy	23
Diseases	24
Impetigo	24
Scabies	24
Scarlet Fever	24
Chickenpox	25
Measles	25
Mumps	25
Rubella	25



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Montréal, QC H3A 0G3

Roseola	26
Fifth's Disease	26
EMERGENCY PROCEDURES	26



INTRODUCTION

The purpose of this Health Protocol is to give parents and educators accurate and complete information about the most common illnesses affecting young children. By reading this protocol it will be easier to make well informed decisions by parents about when to keep their child at home. As well, informed decisions can be made by educators about when to call a parent to pick-up a child from the daycare.

The following needs are taken into consideration when a decision is made as to whether a child/educator should remain at home:

- Child's comfort;
- Educator's comfort;
- Consistent attendance of educators- ensuring a sense of security for the children;
- Avoidance of contagious illness spreading;
- Disruption to the flow of the group.

It is the parent's responsibility to prepare themselves and their child in advance for home care- either by arranging flexible days off for themselves or making arrangements with their child's babysitters who are available on call.

It is the daycare center's responsibility to have a list of on-call substitutes who can replace an ill educator.

We understand and empathize with each parent's individual circumstances regarding the inconvenience of keeping a sick child at home. However, it is the responsibility of the daycare to ensure that Health Standards and the comfort and well-being of each child at the daycare are taken most seriously. We hope that this health protocol serves as a tool in helping the Daycare as a whole to maintain the standards of health for its community.

Health Policies

Daily Health and Hygiene

The SSMU Daycare staff promotes, on a daily basis the following health and hygiene routines as part of their regular activities:

- Frequent hand washing; before and after eating, after toileting, nose blowing and messy activities (arts, sand, water and outdoor play);
- Regular washing and disinfecting of tables, chairs, toys and play equipment, floors, kitchen, bathrooms, changing surfaces, linens, blankets, pillows, carpets, curtains and vertical blinds.



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- Ventilating rooms as necessary;
- Carefully preparing snacks and meals, washing utensils, cups, bowls, dishes, surfaces and cutlery after each use. (The daycare is equipped with a commercial dishwasher that sanitizes by a high heat rinse);
- Use of the Universal Precautions whenever handling stool or blood.

Immunization

Although we understand that some parents are concerned about the risks of vaccinating their children, we recommend that your child receives all the vaccines needed as the risks of catching diseases are higher due to group care. For your information, a schedule of the required immunizations has been included. Your pediatrician/ family physician can best advise you on this matter.

Calendar of immunizations from the Quebec minister of health and social service

AGE				
2 months	DPT	Polio	Hib	
4 months	DPT	Polio	Hib	
6 months	DTP	Polio	Hib	
12 months				MMR
18 months	DPT	Polio	Hib	MMR
4 to 6 years	DPT	Polio		
9 years				Hepatitis B
14 to 16 years	DT	Polio		

- DPT= Diphtheria, pertussis (whooping cough), tetanus (lockjaw);
- Polio =Poliomyelitis;
- Hib =Haemophilis influenza-type B;
- MMR=Mumps, measles, rubella (German measles);
- A vaccination program, against Hepatitis B is offered to students in the fourth grade by CLSCs;
- Diphtheria and tetanus- thereafter every ten years.

Administering Medications

NO medicine (including vitamins) may be administered to a child by the daycare UNLESS a parent has a prescription and has completed a medication authorization form.



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The Daycare is not responsible for children who are ill; the daycare's ability to treat sick children is restricted by the following:

The office of the Ministère de Famille et de L' Enfance du Québec

Division 2, Article 60:

"No medication may be administered by a staff member of the center permit holder, or a home children provider or the person assisting him, without the written authorization of the child's parent and of a member of the College des Medicine du Quebec.

In the case of a prescribed medication (i.e. antibiotics), the information listen be the pharmacist on the label identifying the medication, is proof of the physician's authorization."

Article 62:

"The label of the container of that medication shall indicate the name of the child, the name of the medication, its expiry date, the dosage and the duration of the treatment."

All medications are stored in a special in a special locked box in the refrigerator or classroom. Please NEVER leave medication in the children's cubby room.

Acetaminophen will ONLY be administered if the child has a fever. The parent will be contacted prior to or subsequent to its administration.

**For any prescription medication a child may need to have administered while at the Daycare- it is advisable to request that your pharmacist prepare the medication in two bottles- one for home use and one to be left at the daycare if possible.

Chronic Health Conditions

Many children suffer from certain chronic health conditions, which may require repeated prescribed medication treatments. Respiratory conditions (asthma) as well as dermatological conditions (eczema) are some examples of these chronic conditions.

In these cases, a doctor's letter, explaining the condition and child's history with it, accompanied by an open – ended prescription, would provide the necessary authorization for the Daycare educators to administer the medication as necessary. The usual parental consent for medication administration would also need to be completed.

This additional requirement / information benefits both the child as well as the Daycare's educators. A knowledgeable educator feels more confident in the care they provide and utilizes better judgment when to administer a medication to a child. Prompt and correct administration of a medication can alleviate the distress or discomfort experienced by a child with a chronic health condition.



Contagious Disease

If the child at the SSMU Daycare is exposed to a contagious disease outside of the daycare setting, it is the parent's responsibility to inform the daycare Manager as soon as possible. The parent should identify the disease and probable date of exposure.

SSMU Daycare will then inform the entire Daycare population, in writing, of the disease, which group or groups were in contact with the exposed child, information about the disease, such as when the disease will probably manifest itself in the newly exposed children.

If a child contracts the disease to which he/she has been exposed, they should be kept at home.

This health protocol lists various diseases, provides some basic information, and lists guidelines for the number of days a child must be kept at home.

Did you know that certain contagious diseases are reportable and we all have a role to play?

*The PARENTS has a responsibility to inform the daycare as soon as possible.

*The Manager of the daycare must inform the nurse/doctor of the CLSC, in order that measures, if needed to be taken to protect the health of the other children, may be initiated.

Certain diseases (see list) must be reported immediately to the Infectious Disease Unit by the nurse/doctor of the CLSC'S.

The following is a list of the reportable (obligatory) diseases as outlined by the Ministry of Health and Social Services and the Comité de prévention des infections dans les services de garde à l'enfance et les écoles du Québec:

- AIDS/HIV;
- Amebiasis;
- Campylobacter infection;
- Chlamydia trachomatis;
- Diarrhea (if epidemic);
- Diphtheria;
- Enteritis due to e. coli;
- Food poisoning;
- Gastroenteritis (if epidemic);
- German measles (rubella);
- Giardiasis (if epidemic);
- Gonococcal infection;
- Haemophilus influenza;
- Hepatitis A;
- Hepatitis B;



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- Invasive streptococcal infection: Gr. A & B;
- Measles;
- Meningococcal infection (meningitis);
- Mumps;
- Pneumococcus (streptococcus pneumonia) if epidemic;
- Poliomyelitis;
- Rabies;
- Rotavirus;
- Salmonella;
- Scarlet fever;
- Shingelosis;
- Tetanus (lockjaw);
- Tuberculosis;
- Typhoid;
- Viral meningitis;
- Pertussis (whooping cough);
- Yersinosis.

** The PARENT is responsible for advising the daycare of other diseases such as conjunctivitis (pinkeye), impetigo, chicken pox, roseola, scabies, pediculis (head lice), ring worm and pinworms.

Common Childhood Illnesses

Allergies

An allergy is a reaction of the immune system towards a substance that is typically harmless to most people. However to a child with an allergy, the body treats the substance, called an allergen as an invader. Allergies produce many reactions in the body, resulting in symptoms such as wheezing, coughing, shortness of breath, swelling, redness, itching, diarrhea and vomiting. Allergies develop when a person is repeatedly exposed to the offending substance, and the body's immune system overreacts, causing a reaction. It may take more than one exposure to build up a reaction to a particular substance. For example, the first time a child eats peanut butter, the child may not show signs of an allergic reaction but he/she becomes 'sensitized'. The next exposure to peanut butter may trigger hives, breathing difficulties or even anaphylactic shock.

Children can inherit allergies from their parents. If one parent has allergies, there is a one in four chances that a child will also have allergies. The risk increases if both parents have allergies. However, the child only inherits the likelihood of having allergies, not a particular allergy.



Causes:

- Eating a substance;
- Inhaling a substance;
- Touching a substance;
- Being bitten or stung by an insect.

Common allergic substances and their reactions:

1. **Environment:** dust (mites), pollen, grass, trees.

*Itchy eyes and nose, nasal discharge, blocked nose, sinus headaches, sneezing, wheezing, cough, shortness of breath;

2. **Animal & Birds:** fur and feathers, animal dander.

*Itchy eyes and nose, nasal discharge sneezing etc...;

3. **Insects:** stings from bees and wasps

*wheezing, hives, swelling of upper airway with difficulty breathing, swelling of face and anaphylactic shock in severe cases;

4. **Foods:** eggs, peanuts, nuts, shellfish, milk and wheat

*Vomiting, diarrhea, bloody stools, plus the symptoms of insect venom;

5. **Medications and Chemicals:** (Medication i.e. antibiotics, any Non-medical i.e. Fabric softener, soap);

*Any of the above reactions.

Anaphylactic shock, or anaphylaxis, describes a person's physical reaction to a particular allergen.

This severe reaction produces one or more of the following symptoms: swelling of the eyes and face, hives all over the body, difficulty breathing, vomiting, diarrhea and loss of consciousness. The symptoms can occur all at the same time, often developing in less than ten minutes. Death will result if the person is not given adrenaline/epinephrine and taken to hospital immediately. The effect of the medication can be temporary which is why immediate transport to hospital is required.

SSMU Policy

When registering your child at the daycare it is imperative that you inform us of any allergies your child may have and what type of reaction occurs. You should also inform us of any possible allergic reactions, since a more severe reaction may occur the next time.



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In order to ensure that the daycare's "no- nut" policy is adhered to, outside foods are prohibited from being brought into the daycare. For special occasions such as birthday parties, a list of ingredients should be included.

Asthma

Asthma is a chronic breathing disorder that is marked by recurring attacks of wheezing, coughing and shortness of breath. Children with asthma have less difficulty breathing in than breathing out.

The symptoms of an asthma attack are caused by a spasm of the air passages in the lungs, followed by swelling, inflammation and a thickening of the lung secretions (mucous). All this makes it more difficult to move air into and out of the lungs. The severity of the condition varies from child to child. In most cases a common cold virus triggers a child's asthma attack.

Other triggers include:

- Allergies to animals, dust, pollen, mould, birds, feathers, and wool;
- Weather conditions (cold air, weather changes, and windy or rainy days);
- Smoke and smoking;
- Odors (paint fumes, aerosol sprays, cleaning solvents, and perfumes);
- Exercise, especially strenuous exercise in damp/cold weather;
- Animal dander from the hair of dogs and cats.

Child and group needs:

- Room(s) must be kept well ventilated at all times;
- Remove known triggers e.g. feather pillows, wool blankets;
- Watch for signs of breathing difficulties;
- Wash hands more frequently (reduced transmission of cold virus).

SSMU Policy

Prior to enrollment, parents must inform the daycare about their child's asthmatic condition and what particular agent(s) trigger an attack.

In all cases when a child is experiencing difficulties breathing, medication will be administered according to the physician's prescription and daycare policy, and the parent(s) will be contacted. In the event that the child does not respond or improve with the medication an ambulance will be called and the child will be transported to the hospital.



Colds and Upper Respiratory Tract Infections

The upper respiratory tract, or upper airway, is comprised mainly of the nose and throat. Acute infection of the respiratory tract is the most common cause of illness in infancy and childhood. Young children ordinarily have four or five infections per year. Children within a daycare community tend to have a higher incidence due to the increase risk of exposure.

Signs and symptoms:

- Nasal discharge (often yellow/ greenish color);
- Nasal congestion;
- Cough;
- Sore throat;
- Fever;
- Wheezing;
- Vomiting/diarrhea (common in young children);
- Loss of appetite;
- Irritability/crying.

A virus most often causes colds, but can also be due to a bacterial infection. Infants and young children react more severely to acute respiratory tract infection than older children.

The most common way colds/infections are spread is from coughing, sneezing and through hand-to-hand contact. It is, therefore, most important that the child with a cold, or those person(s) caring for them, wash their hands frequently, especially after wiping a child's nose.

Allergies sometimes cause a runny or stuffy nose mainly during the spring and summer months.

Allergies are seldom accompanied by fever; colds are. Allergies tend to cause itching in the child's eyes and or nose; colds do not. Allergies usually trigger constant and consistent bouts of sneezing; colds are characterized by sporadic sneezing.

Other causes of these symptoms include Bronchitis, Pneumonia, Otitis Medea (ear infections) and Tonsillitis.

Child and group needs:

- Air must be kept humid;
- Provide extra fluids;
- Provide additional individual care/comfort;
- Prevent spread of infection to others.



While addressing these needs the educator would have to:

- Wipes child's nose to keep airway clear and/ or teach child to wipe nose using a tissue and to dispose of the dispose in the wastebasket;
- Wash hands more frequently (educators and children);
- Wash toys more frequently;
- Maintain the group's routine of activities;
- Watch for fever and administer acetaminophen according to policy.

SSMU Policy

A child who is at the height of a cold and cannot be properly cared for at the daycare and should be kept at home. During the day parents will be called if:

- Their child has a fever (37.5C);
- If the above needs cannot be met and the child cannot participate fully in the activities thereby disrupting the flow of the group.

Pink Eye (Conjunctivitis)

Also known as “pink -eye”, conjunctivitis is an infection of the eye. It is usually caused by a virus, but it may be caused by bacteria, allergies or injury to the eye. When conjunctivitis is due to a virus it is often associated with a cold and a fever. If the cause is bacterial, pus will probably be present in the child's eye(s). Bacterial pink eye can be treated with antibiotics in the form of the eye drops or ointment. A doctor will usually prescribe antibiotic eye drops even if it is a viral infection as a preventative measure because the irritated conjunctiva can easily become infected.

Conjunctivitis is easily spread from person to person. The infected eyes discharge is very contagious, and the infection is transmitted to other individuals through hand- to-hand-to-eye contact.

Signs & symptoms:

- Redness and inflammation to the eye;
- Scratchy feeling, like sand in the eye;
- Excessive tearing & itchiness;
- Yellow/ greenish discharge (pus) from the eye;
- Complain of pain in the eye(s).



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Child and group needs:

- Clean eye(s) with sterilized water and cotton ball as necessary;
- Wash hands well after contact with infected child's eye(s);
- Encourage frequent hand washing in the children;
- Discourage children from rubbing their eye(s).

SSMU Policy

Since conjunctivitis can easily be passed from one child to another in a daycare center, we recommend that you consult your doctor or go to the CLSC if your child develops any of these symptoms. A child can return to the daycare 48 hours after antibiotic treatment begins.

However, if antibiotics have not been administered, the child should remain at home until eyes have completely healed.

Cough

A cough can be due to a virus or bacteria, an irritation, a cold or allergies. A cough has a necessary function, as it helps the child eliminate secretions and keep their airways clear. It is therefore, often recommended that you administer cough medicine only if the child is having difficulty sleeping at night.

*****Any cough syrup containing “Phenergan” (promethazine hydrochloride) should not be administered to children below the age of two.** It depresses the breathing center in the brain and may be linked to SIDS, (sudden infant death syndrome) in infants of 0-6 months of age.

If a child experiences any of the following breathing difficulties, a doctor should be notified:

- short and rapid breathing;
- wheezing/ stridor (high pitched, harsh sound upon inspiration);
- barking cough.

Child and group needs:

- elevate head when sleeping-for infants place a small pillow under the mattress;
- keep air humid;
- offer extra fluids to drink;
- encourage quieter activity/rest.



SSMU policy

A child should be kept at home if a cold and/or fever accompany a cough. Refer to policies regarding these conditions. If the needs of the group or child cannot be met, the child should also be kept at home.

The parent will be called if their child has a fever or is demonstrating any difficulties breathing.

Croup

The term ‘croup’ is used to describe a group of symptoms rather than a name for a disease caused by a specific virus. Croup is a viral infection that causes swelling of the windpipe, just below the vocal cords. Several types of viruses may cause this infection, but the most common is the parainfluenza virus.

Croup usually appears after your child has had a cold (fever, runny nose, etc...) for several days. As the swelling of the windpipe increases, a high-pitched barking cough develops that sounds much like a seal. For most children, this is the extent of the problems that occur. The “barkiness” of the cough lasts for a couple of days, although the cough itself may last for a few days longer.

Signs & symptoms:

- URI- upper respiratory infection;
- Barking cough;
- Hoarseness;
- Fever;
- Stridor.

However, for some children, the swelling of the windpipe becomes so severe as to impair the flow of air. When the symptoms of croup arise, one of the most effective things is for the child to breathe cold air. Since croup often occurs in the winter and at night, just going outside for 10-15 minutes can do wonders. Mist causes from a steam bath, or using a cold mist vaporizer may also help. If your child’s breathing does not improve after 15-20 minutes of home treatments, if they have difficulty swallowing, if they begin to drool or develop stridor, it is time to seek medical attention.

Child and group needs:

- Air should be kept humid;
- Provide extra fluids;
- Elevate head when sleeping;
- Encourage more quiet activity/rest;



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- Check for breathing difficulties.

SSMU policy

A child should be kept at home if a cold and/or fever accompanies the “Croup” condition. Please refer to the policies regarding these conditions. The parents will be called if their child has a fever or is demonstrating increased symptoms or increase difficulties breathing.

Diarrhea

Acute attacks of vomiting and diarrhea are so common in the pediatric age group that they can almost be regarded as part of the normal way of life. Luckily, most forms of gastrointestinal distress are self-limited and will ultimately subside without specific treatment if consequent dehydration does not create a serious complication.

Diarrhea is usually defined as an increase in the number of stools and/or a decrease in their consistency. There is so much variation among individuals with respect to their daily bowel functions, it is more important to note:

- A noticeable or sudden increase in the number of stools
- Reduction in the consistency of the stool- increased fluid content
- A tendency for stools to be greenish in color (infection)
- Blood or mucus in the stool

Diarrhea can be caused by a variety of factors, and the physiologic consequences can vary considerably in relation to the severity of the illness, its duration, related symptoms, the age of the child and the child’s nutritional status before the onset of the diarrhea.

Common causes:

- Viral infection- more frequently in winter months;
- Bacterial infection-more frequent in summer/fall parasites;
- Food allergies/introduction of new foods;
- Inflammation of the bowel (gastroenteritis);
- Reaction to medication- most common with antibiotics;
- Heavy metal poisoning-lead, mercury, iron;
- Emotional excitement/stress;
- Infection- bladder infection, ear infection, respiratory infection.

The most common method of transmission of the variety of the organisms responsible for diarrhea is the fecal-oral route by direct person to person contact. Again, consistent and effective hand washing is essential for reducing the risk of transmission among the daycare community.



Dehydration is the main concern when a child is experiencing diarrhea. In mild to moderate case, this is usually not a problem, but in more severe cases, it is very important that the child is seen by a physician to prevent any more serious complications from occurring. These can include metabolic imbalances and in more extreme cases, shock. A common sign of dehydration is a reduction in the number of wet diapers. Often, the child will be lethargic, irritable and have a dry mouth and tongue.

Child and group needs:

- Exclude milk products;
- Exclude raw fruits/vegetables and other high fiber foods;
- Frequent diaper changes;
- Frequent hand washing.

While attending to these needs, the educators would also have to maintain the activities of the group, wash toys and surfaces more frequently, and monitor the child for any signs of fever.

SSMU policy

Diarrhea caused by antibiotics or food allergy is not a reason to keep a child at home, provided the reaction is not severe and the child feels well.

A child should be kept at home if he/she experiences two or more liquid stools in 24 hour period or more frequent abnormal movements. A child can return to daycare once the stool is completely solid and the diarrhea has been resolved.

During the day, a parent will be called if the needs of the child/group cannot be met at the daycare, if the child has a fever, or if the child is too ill to participate in their normal activities due to illness.

Fever

An elevated temperature (fever) is one of the most common symptoms of illness in children. Most fevers in children are of viral origin, of relatively brief duration, and have limited consequences. The manifestation is frequently misunderstood and of great, but often unnecessary, concern to parents.

Many health professionals believe that a fever serves as both an indicator of infection as well as a defense mechanism against the infectious agent, and therefore should only be treated if it rises to a high level.

The occurrence of fever in children appears to be the greatest between the ages of six months and three years. Temperatures can reach high levels even in mild infections. A sudden high fever can precipitate a febrile seizure, but this occurrence becomes uncommon after three or four years of age.



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Normal Temperature:

- Under arm: 36.5C or 97.6F;
- Oral: 37.0C or 98.6F;
- Rectal: 37.5C or 99.6F.

The most effective treatment of fever is Acetaminophen (Tempra/Tylenol). Follow the recommended dosage schedule on the medication package. The temperature should be retaken after 60 minutes to assess its effect. The child's level of discomfort is the best indication for continued treatment.

Ibuprofen (Advil/Nuprin/Mortin 113) is not approved for use in children under 12 years of age. Aspirin (acetylsalicylic acid) should not be given to children, because of the association of aspirin use in children with influenza virus or chickenpox and Reye's syndrome, a serious disorder of brain and liver function.

Environment measures to reduce fever may be used if tolerated by the child and if they do not induce shivering. Usual methods include undressing the child to expose the skin to air, reducing room temperature, and increasing air circulation and cool compresses to the skin (e.g. the forehead). These are most effective if employed approximately one hour after the acetaminophen is given, since the fever will have begun to lower and therefore will cause less discomfort to the child.

Child and group needs:

- Encourage extra fluids;
- Encourage more rest/quiet play;
- Remove extra clothing;
- Monitor temperature elevation;
- Administer medication as necessary (call parent(s) or guardian).

SSMU policy

A child with a fever cannot have his/her needs met at the daycare and should be kept home until he/she has a normal temperature for 24 hours. Parents will be contacted immediately to come pick up their child.

FEVER

- Under arm 37.5C -99.5F;
- Oral 38.0C- 100.4F;
- Rectal 38.0C- 101.4F.

***If a child has a history of febrile seizures, a doctor's letter and a parent's consent form are necessary for the educators to be allowed to administer acetaminophen at the first sign of fever.



Post-inoculation fevers

Many children experience fever following their vaccinations. Parents should be aware and will be advised to keep their child at home.

The daycare is not permitted to administer Tempra/Tylenol prophylactically to ease the physical discomfort (soreness at the injected site) that children often experience after a vaccination.

Head Lice

Head lice are tiny insects that live on the scalp. They lay eggs called flits that stick to the shaft of the hair very close to the scalp. Many children with head lice do not show any symptoms, the most common being itching and scratching of the head.

There is no need to become alarmed by head lice: it is not caused by lack of cleanliness nor do head lice spread any diseases. Head lice can be very common in daycare centers because the lice spread easily among children who are together in one place. The lice spread from person to person by direct contact between children or through items such as hats, combs, brushes, play clothes, or bed linens. Head lice cannot jump or fly.

The eggs/flits appear as a whitish-grey oval shaped specks, which are firmly attached to the hair shaft very close to the scalp. They cannot be removed easily. They may look like dandruff but they cannot be flicked or brushed away. They are most commonly found behind the ears, at the back of the neck or directly on top of the head.

There are very effective treatments for head lice. The special shampoos or cream rinses all contain an insecticide that kills the insect and its eggs. It may be necessary to treat all the members of the household at the same time. After treatment, it is imperative that all flits are removed from the hair, most treatment kits provide a special comb for this purpose. The shampoo can be purchased at your local pharmacy.

Child and group needs:

Once head lice are detected on one child:

- Notify the child's parents to pick up their child;
- All children and staff in the same group must be checked for flits;
- Ensure all infested children and caregivers are treated;
- Remove all rugs, carpets, rugs, pillows, bedding, dress-up clothes... to be properly washed and cleaned;
- Vacuum the area thoroughly.



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The parents will be contacted to come pick up their child if he/ she has head lice. Any extra clothing items, stuffed animals will be also sent home with the child, so that they can be properly laundered. The affected child must have treatment before they are allowed to return to the daycare. Head lice treatment requires a 24-hour period to become effective, therefore, the child is not allowed to return to daycare until 24 hours after being treated. The affected child must have a second treatment 7-10 days after the first treatment to ensure all the lice and nits have been eradicated. Once head lice has been detected, all the children and staff members will be checked regularly.

If your child does not have head lice, but is in a room where cases of head lice have been reported, it is recommended that all children receive treatment as a preventative measure.

Intestinal Parasites

These diseases are of importance in children in the pediatric age groups. Younger children are especially at risk because of typical hand-mouth activity, uncontrolled fecal habits, and unsanitary diaper change & disposal practices in their environments. Two more common infections are Giardiasis and Enterobiasis (pinworm).

Signs and symptoms

Enterobiasis:

- Irritability & restlessness;
- In girls- vaginitis or urethritis;
- Perianal itching (intense);
- Visible worms around the rectum during sleep.

Giardiasis:

- Anorexia/failure to thrive;
- Asymptomatic;
- Diarrhea/vomiting.

SSMU policy

If any such disorder is suspected, a correct diagnosis by a physician is required so that an appropriate treatment can begin. With Giardiasis, it is recommended that the child be excluded until the diarrhea is gone. With Enterobiasis, unless the child is visibly ill, it is recommended that all family members are examined.



SSMU Daycare

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Montréal, QC H3A 0G3

Strict adherence to universal precautions, proper disposal and frequent hand washing are the best ways to reduce the risk of transmission.

Ear Infections (Otitis Medea)

More commonly known as an ear infection, it is one of the most prevalent disorders of early childhood. Otitis Medea is an inflammation of the middle ear. This is the area behind the eardrum, extending to the bone and tissue that separates it from the brain. The incidence is highest in children age 6 months to 2 years and then it gradually decreases with age. Young children can be more prone to ear infections because of the size and shape of their Eustachian tubes. Often these infections are a result of a recent cold, so a virus or a bacterial infection can cause them. Antibiotics, such as ampicillin or amoxicillin, are the usual treatment choices. With appropriate antibiotic therapy, most children improve within 48-72 hours. Other measures include the use of acetaminophen (Tylenol/Tempra) to relieve accompanying pain and or/fever. Children should always be seen following antibiotic therapy to evaluate the effectiveness of the treatment.

Signs & symptoms

Infant:

- Fever;
- Fussiness;
- Runny nose;
- Recent cold symptoms;
- Pulling at ears;
- Shaking of head;
- Unwillingness to suck at bottle, pacifier or breast;
- Vomiting/diarrhea.

Child:

- Fever;
- Irritability;
- Recent cold symptoms;
- Complains of pain in ear.

Child and group needs:

These would be similar for a child with a cold. Please refer to the cold section.



SSMU policy

Unless the child is too ill to take part in the usual activities of the daycare, there is no reason for a child with an ear infection to be kept at home. If a child has ear infection followed by a fever, it is mandatory to keep them at home.

During the day parents will be called if:

- The child has a fever;
- If the child becomes too ill to participate in their normal activities due to illness.

Rashes

Younger children are especially susceptible to infectious disease, and a number of disorders occur predominantly during these years. At this age, children's resistance to infectious agents may still be low, but their exposure to such agents is beginning to increase as a result of social involvement outside the home.

Many of the communicable childhood diseases produce a variety of skin eruptions or rashes. Such agents as a virus, bacterium, fungus, parasite or allergen can cause these rashes. The child usually has a fever preceding the appearance of the rash, but some children are asymptomatic. It is important that a child be seen by a physician for correct identification of the rash and a proper diagnosis. Rashes should be identified as quickly as possible in order to properly treat the affected child and better protect the other children.

Whenever a child has a suspicious rash, a parent will be notified and may have to pick-up their child and have them seen by a physician before being able to return to daycare.

Sore Throat and Strep Throat

A sore throat is frequent complaint of older children. Younger children (unable to describe symptoms) may not complain even when the throat is highly inflamed. The more elastic nature of the tissues in younger children may cause less pressure on the nerve ending and, therefore, less discomfort in the younger child.

A virus or a bacterial infection can cause sore throats. They, too, are very often accompanied by a cold.

Common symptoms of sore throat:

- Soreness;
- Redness;
- Whitish tonsils;



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- Fever;
- Headache;
- Nausea/vomiting (extreme cases).

Strep Throat is an infection caused by a (*Streptococcus pyogenes*) bacteria. The strep bacteria are found in an infected person's saliva. The infection spreads through the air when the infected person talks, coughs, or sneezes.

Diagnosis is based on a throat culture. The physician will prescribe an antibiotic, usually penicillin. While typically not a serious infection, if left untreated, some children can develop serious complications; pharyngitis, tonsillitis and scarlet fever.

Signs and symptoms of strep throat:

- Sore throat;
- Headache;
- Stomach-ache;
- Swollen/tender glands in the neck;
- Sores around the nose.

**The child can return to daycare 24 hours after antibiotic treatment has begun.

Child and group needs:

- keep air humid;
- offer extra fluids to drink;
- encourage quieter activity/rest.

Educator:

- wash hands more frequently;
- wash the toys more frequently;
- watch for signs of fever;
- maintain the activities of the group.

SSMU policy

A child should be kept at home if he/she is unable to participate fully in the activities of the group, therefore, causing a disruption in the flow of the group. If the sore throat is due to a virus, the child can return to daycare when he/she is feeling better and able to participate.



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If the sore throat is caused by a bacterium (i.e. Streptococcus), the child can return to the daycare twenty-four (24hrs) after the antibiotic treatment is started. Parent(s) will be called to pick-up their child if she/he has fever, and begins vomiting or when their needs cannot be met at the daycare center.

Vomiting

Vomiting is a very common symptom in children, and like diarrhea, is often of a minor and temporary nature. If vomiting is persistent and prolonged, it can become a serious health risk. The risk of aspiration (drawing in vomit into the lungs) is greater in very young or debilitated children, and can lead to an increases possibility of asphyxiation and pneumonia.

Common causes:

- Gastroenteritis - accompanying a diarrheal infection;
- Overeating - more common in infants;
- Poisoning;
- Food allergies;
- Motion sickness;
- Emotional stress/anxiety;
- Accidental head injury;
- After any accident, wherein a child sustains an injury to the head appears disoriented and/ or vomits- that child should be brought to the Emergency dept. of a hospital at once.

Child and group needs:

- Provide comfort to affected child;
- Provide extra fluids as tolerated;
- Check for temperature.

SSMU policy

The child should be kept at home if he/she vomits for no obvious reason and still feels nauseous after vomiting. If the child has diarrhea, fever, and headache or complains of stomach cramps they should be kept at home until symptoms disappear.

During the day the parent(s) will be called if any combinations of the above symptoms are present, thereby rendering the child incapable of participating in the group's activities.

Please take note that the SSMU Daycare reserves the right to modify the health protocol without any notice.



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Parents are responsible to read the health protocol handbook. If parents have any questions regarding any of the information they read, they are encouraged to speak to the director of the SSMU Daycare.

If you suspect that a child may have ingested a poisonous substance-contact the **Poison Control Center @1-800-463-5060**

In the event of an extreme emergency **call 911**.

Diseases

Impetigo

Caused by the streptococcus or staphylococcus bacterium.

Transmission: Person to person by direct contact.

Signs & Symptoms: Pustules or crusted rash on face or exposed parts of body (arms and/or legs).

Infectious period: From onset of rash until 1 full day after start or treatment with antibiotics.

Exclusion: Yes, until antibiotic treatment has been taken for a full 24 hours.

Scabies

Caused by mites (parasite).

Transmission: Spread person to person. Requires close direct contact.

Signs & Symptoms: Very itchy rash. In infants less than two years, rash may occur anywhere on body. In older children, rash usually appears on fingers, elbows, armpits and abdomen.

Infectious period: Until treated (Treatment of contacts may be necessary to control outbreak)

Exclusion: Yes, until treatment (medicated cream) has been used for a full 24hrs.

Scarlet Fever

Caused by a bacterium in the respiratory secretions, sometimes as a complication of Strep throat.

Transmission: Spread person to person like a cold (i.e., coughing, sneezing, etc.)

Signs & Symptoms: Abrupt high fever, vomiting, headache, malaise, and abdominal pains.

- Enlarged, reddened tonsils, characteristic “strawberry tongue”;
- Rash begins 12 hours after initial symptoms, red pinhead-sized lesions rapidly become generalized over the body, more intense in the folds or joints, but absent on the face.

Infectious period: From 1-7 days before onset of the illness until the end of the first week.

(Average infectious period: 10 days)

Exclusion: To be determined by CLSC or Physician.



Chickenpox

Caused by varicella-zoster virus.

Transmission: Spread person to person via air.

****VERY INFECTIOUS**** to a lesser degree via skin lesions, but scabs are not infectious.

Signs & Symptoms: rash with small blisters that become encrusted. The rash develops 1-2 days after the onset of a fever. The rash is very itchy.

Infectious period: Two days before to five days after the onset of the rash.

Exclusion: Yes. Exclude for 5 days after the onset of the rash or until all the blisters have crusted, whichever is shorter.

Measles

Caused by a virus in respiratory secretions.

Transmission: Spread person to person.

****VERY INFECTIOUS****

Sign & Symptoms: Fever, cough, runny nose, inflamed eyes for 1-3 days before onset of rash.

The rash begins on the face as small red spots, which enlarge and clump together and then spread over the entire body. Illness lasts 5-10 days.

Infectious period: Two days before onset of fever and cough (3-5 days before onset of rash) until 4 days after onset of rash.

Exclusion: Exclude all cases until 5 days after onset of rash. Exclude all children who lack proof of vaccination or until 2 weeks after last case in the day care facility.

Mumps

Caused by a virus in respiratory secretions.

Transmission: Spread person to person.

Signs & Symptoms: Enlargement of salivary glands, caused swelling of cheeks and face. Child may have fever, headache or abdominal pain. Many children have no illness.

Infectious period: Seven days before to nine days after swelling. Most infectious 2 days before onset of swelling.

Exclusion: Control is difficult because many children have no symptoms. Exclude for nine days in cases of visible illness. Ensure all children are vaccinated.

Rubella

Also known as “German Measles” is caused by a virus in respiratory secretions.

Transmission: Spread person to person.



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Signs & Symptoms: Many children infected but have no illness. Child may have fever, sore throat, swollen glands in the neck, but no rash. Rash consists of small red spots which start on the scalp and face and spread rapidly over the entire body.

Infectious period: Few days before until 7 days after onset of rash.

Exclusion: Exclude for 7 days after onset of rash. All staff should be vaccinated or have blood test to prove immunity.

Roseola

Also, known as “Exanthema Subitum”, and is caused by a virus.

Transmission: Unknown. Virtually limited to children between the age of 6 months to 2 years old.

Signs & Symptoms: Persistent high fever 3-4 days in a child who appears well. Fever drops to normal with appearance of rash. A discrete rose-pink rash begins on trunk and spreads outwards. Rash lasts 1-2 days and is not itchy.

Exclusion: Not necessary if illness is mild and child is able to participate fully in activities.

Fifth's Disease

Also known as “Erythema Infectiosum”, and is caused by a virus.

Transmission: Spread from person to person in the respiratory secretions.

Signs & Symptoms: Illness is more common in school-aged children rather than preschoolers. Rash has three stages-initially appears that the child has been slapped. A lace-like rash appears on the limbs and torso. This usually lasts about two weeks. (e.g., sunburn)

Infectious period: Three to four days before the appearance of the rash.

Exclusion: No, since no longer contagious once rash appears.

***Please note that Chickenpox, Rubella, and Fifth's Disease carry risks to pregnant women. Anyone who is pregnant and has been in contact with an affected individual should contact their physician immediately.

EMERGENCY PROCEDURES

In general, most injuries that occur at the centre are quickly and easily cared for by the staff, who maintain up-to-date first-aid training.

In case of an emergency, however, we call 911, administer basic first aid and contact the parents. If we are unable to reach the parents, we contact their emergency person. If we are unable to reach either the parents or the emergency person, a staff member accompanies the child by ambulance to the nearest children's hospital.

We continue efforts to contact the parents or emergency person to inform them to meet us at the hospital.



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The child's medical file containing pertinent information is brought with him/her to the hospital.

NOTE: It is essential to inform the centre of any changes to your child's status: i.e., new phone numbers, new emergency person, new medical information, etc.

Thank you for your understanding and collaboration!