



**BOARD OF EDUCATION OF
SCHOOL DISTRICT NO. 46 (SUNSHINE COAST)**

**EDUCATION COMMITTEE
AGENDA**

Wednesday, February 28th, 2018 from 2:30-4:00 pm
School Board Office – Gibsons, BC

- 1) Goal 1.c. - Math
- 2) Goal 2.f. - Leaders
- 3) Regulation 1020 - AIDS / HIV Cases
- 4) Regulation 2220 - Board Authorized Courses
- 5) Regulation 6450 - General Hygiene / Potential Infection
- 6) Curriculum (standing item)
- 7) Parent Engagement (standing item)



Early Learning in
School District No. 46
(Sunshine Coast)

Education
Committee

Math
Focus

Kirsten Deasey



Strategic Plan Goal



Students will achieve the **mathematical** skills required for academic and life success

Math Committee

Literacy & Numeracy are the two pillars of the redesigned curriculum

Math Committee – formed 2016 (Winter)

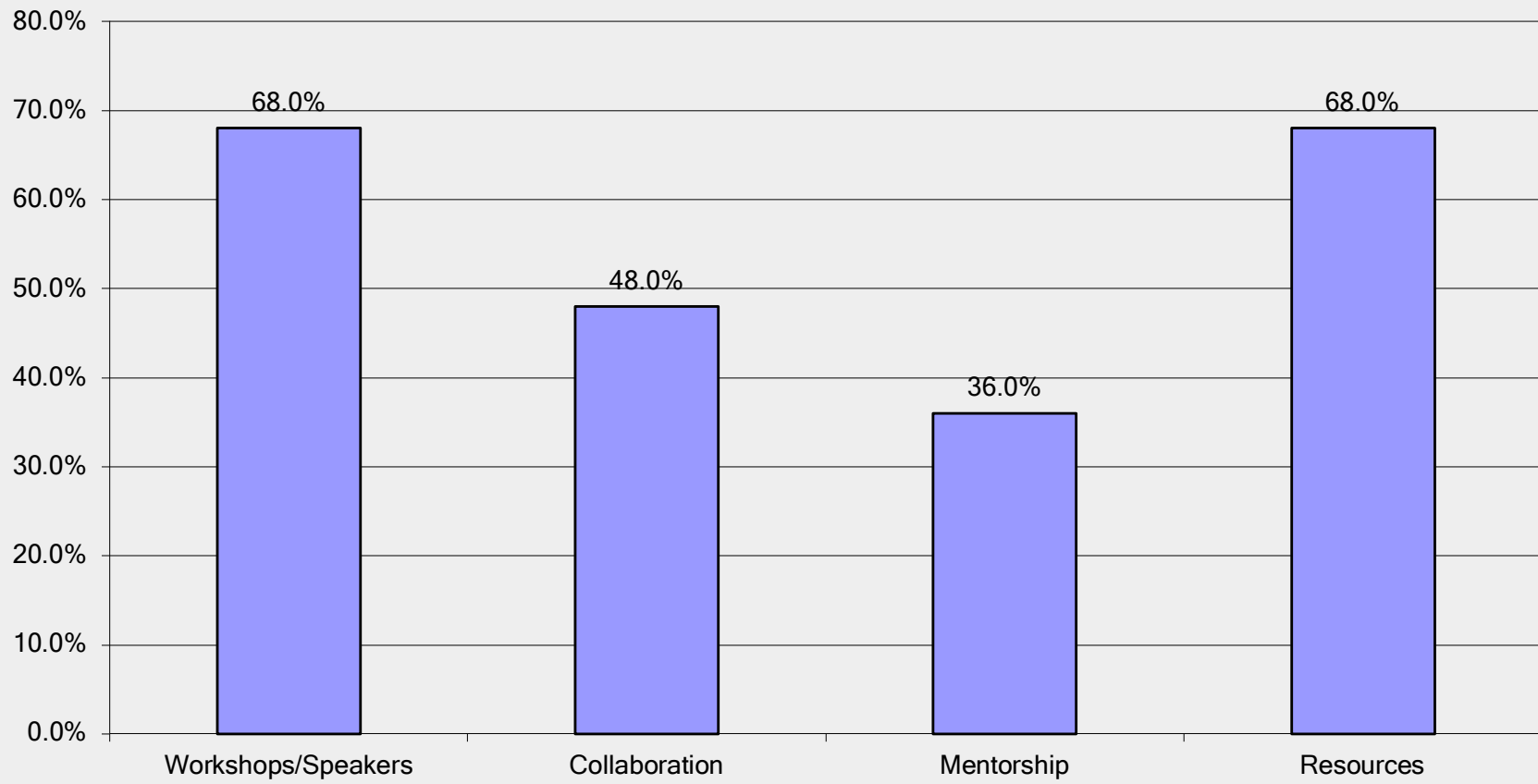
Members: Primary, Intermediate, Secondary, Support Services, Principals, Superintendent

Goals:

- Building confidence and competence
- Building a positive math mindset

Survey of Needs

In what ways can the district support you with your mathematics program?





**AN INVITATION
FOR PRIMARY TEACHERS!**

**Join
'CAMP'
Collaborating About
Math in Primary**

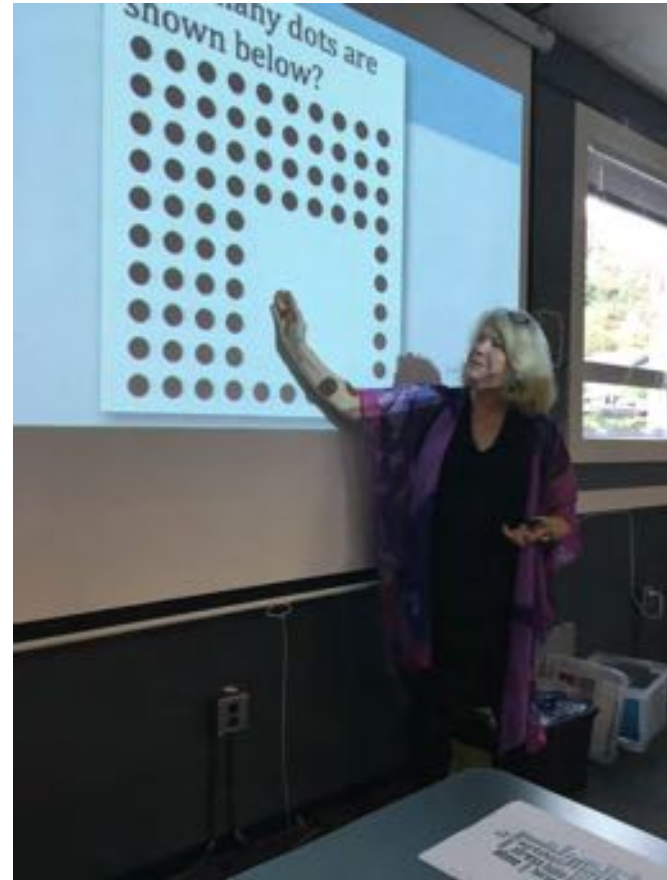
Developing a network for sharing values, mindsets and strategies for math supports across our district.

- Sept. 2017
- Ongoing Collaborative Support
- School Teams: Primary Teachers, Support Services, Aboriginal Support Teachers



- Facilitated discussions with colleagues
- Math specialists
- Examining resources.

Participants will continue to build a repertoire of skills, strategies and techniques in mathematical instruction.



2017-2018 CAMP Schedule:

- Sept. 2017 – Carole Fullerton
- Thursday, Oct. 26 – Sandra Ball - Mathematics Helping Teacher – SD36 (Surrey)
- Friday, Dec. 8 – Sandra Ball
- Thursday, Feb. 8- Janice Novakowski – Math Consultant SD38 (Richmond)
- Thursday, May 24 – to reflect on Carole Fullerton’s May 14th (PD day) visit

Math CAMP Resources

Teachers attend after school sessions to prepare resources



ENGAGE



SD46

SD46 Website

Employee Portal

Access your email

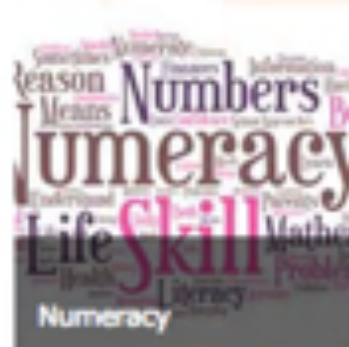
School Websites ▾

Important Links ▾

Home

Community Home

Engaged in Learning





BROWSE

PAGE

FILES

LIBRARY



Numeracy Supports in SD46

Numeracy Supports in SD46

Categories

Events

Ideas

Opinions

ADD CATEGORY

Archives

February

January

December

November

OLDER POSTS

Janice Novakowski's Workshops - Feb. 9, 2018

Friday, February 9, 2018

Janice Novakowski visited the Sunshine Coast on District Day, Feb. 9, 2018. In the morning she worked with primary teachers, focusing on teaching and learning mathematics through inquiry – using provocations and projects and how that fits into a balanced numeracy program. In the afternoon, she offered a session on using games and instructional routines for grades 4-9. See the Numeracy Engage site resources section to see her powerpoint presentations and handouts. (Titled: 'J. Novakowski Primary/Intermediate Math 2018'; 'J. Novakowski Handouts Feb. 2018')



Numeracy Resources



New



Upload



Sync



Share

More ▾

Current View



Find a file



<input checked="" type="checkbox"/>		Name	Modified	Modified By
<input type="checkbox"/>		Black Line Masters of Math Resources	Nov 04, 2017	Deasey, Kirsten
<input type="checkbox"/>		CAMP Dec. 8 Powerpoint, Handouts & Resources	Dec 12, 2017	Deasey, Kirsten
<input type="checkbox"/>		Counting Collections Resources	Nov 04, 2017	Deasey, Kirsten
<input type="checkbox"/>		Daily Math Investigations	Nov 04, 2017	Deasey, Kirsten
<input type="checkbox"/>		J. Novakowski Handouts Feb. 2018	Feb 09	Deasey, Kirsten
<input type="checkbox"/>		Number Talks	Nov 04, 2017	Deasey, Kirsten
<input type="checkbox"/>		Carole Fullerton Handouts - Kindergarten and Grade 1 Workshop	Nov 04, 2017	Deasey, Kirsten
<input type="checkbox"/>		Sandra Ball Powerpoint 'Win Ideas in	Nov 04, 2017	Deasey, Kirsten

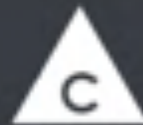
Mathematics 1

Mathematics K 1 2 3 4 5 6 7 8 9

Introduction Goals and Rationale What's New Resources Curriculum Overview

Download Curriculum ▾

Core Competencies



Communication



Thinking



Personal & Social

Big Ideas

[Numbers](#) to 20 represent quantities that can be decomposed into 10s and 1s.

Addition and subtraction with numbers to 10 can be modelled concretely, pictorially, and symbolically to develop computational [fluency](#).

Repeating elements in [patterns](#) can be identified.

Objects and shapes have [attributes](#) that can be described, measured, and compared.

Concrete graphs help us to compare and interpret [data](#) and show one-to-one correspondence.

BC K-9 Mathematics Curricular Competency

- *Develop, demonstrate, and apply mathematical understanding through play, inquiry, and problem solving*

What is Playful Inquiry?

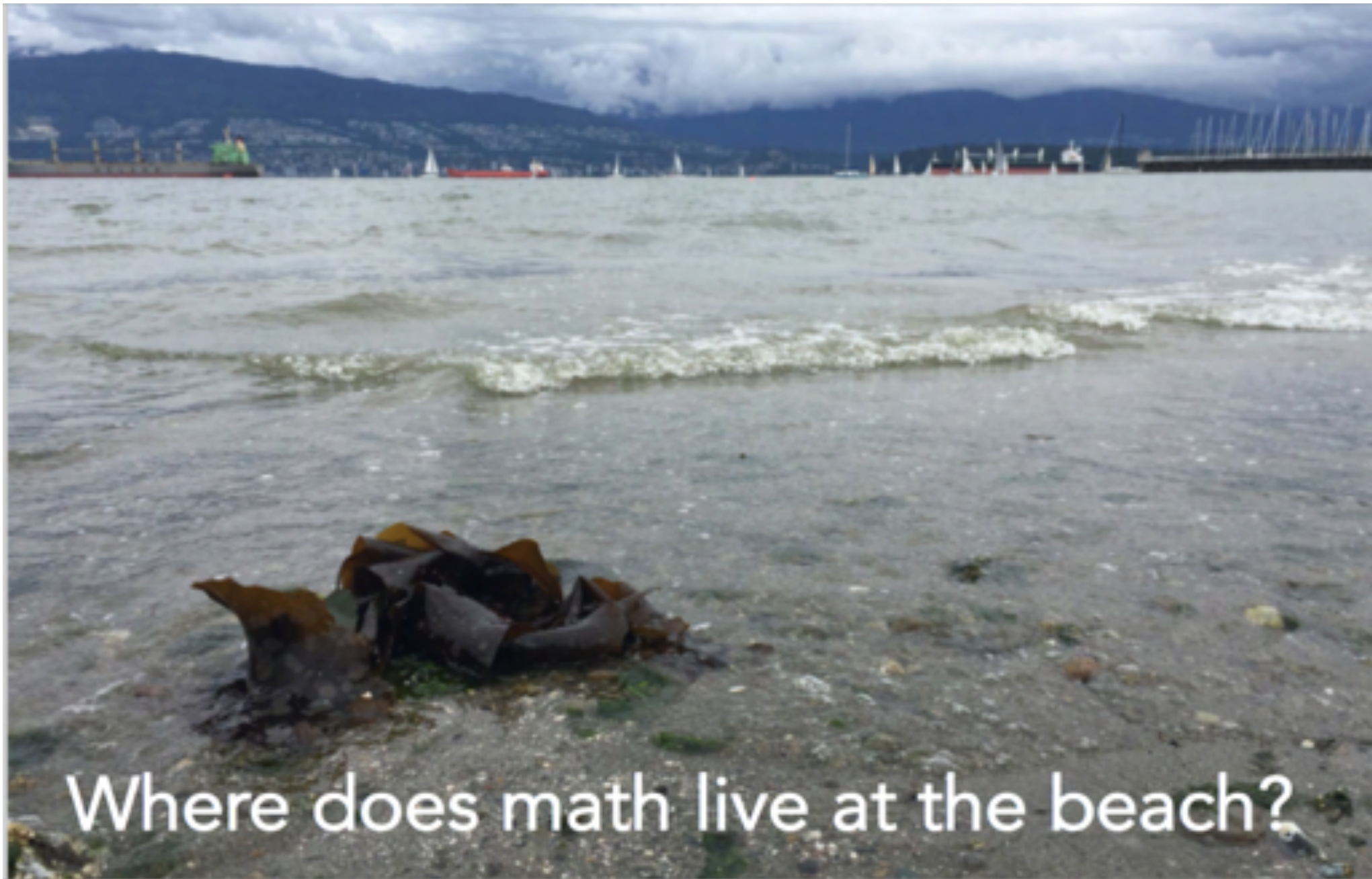
- Wondering, engaging and playing with ideas, stories, materials, theories to uncover new understanding and thinking
- Adults can...
 - Inspire curiosity
 - Engage playfully
 - Support students to seek connections
 - Encourage the sharing of stories
 - Nurture Empathy

How can we create new possibilities for joy, wonder and inspiration?

Playful Inquiry

- *playing with materials*
- *playing with language*
- *playing with ideas*





Where does math live at the beach?

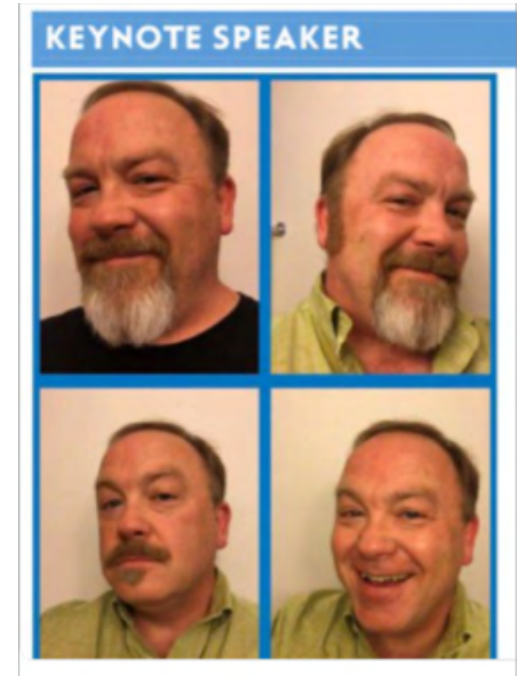
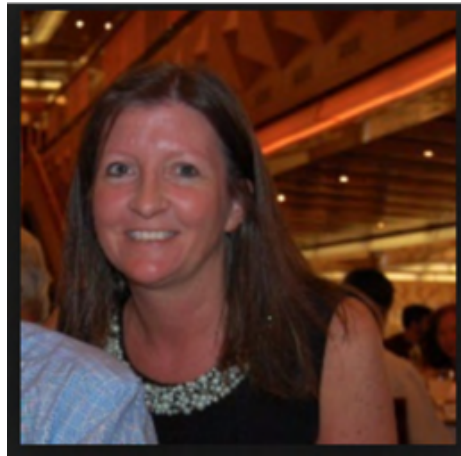
Math Professional Development – for Intermediate & Up

September - Carole Fullerton

February – Janice Novakowski

April – Marc Garneau

May – Carole Fullerton



Future Plans

Supporting our Intermediate Teachers
2018-2019

- Ongoing Collaborative Strategies
 - Provincial Experts
 - Resources

Video

Comments? Questions?

Thank you!



Administrative Regulations

ADMINISTRATION

1020

A.I.D.S./H.I.V. CASES

A. Employees

1. Employees with an H.I.V. infection/A.I.D.S. shall be treated as would any other employee with a medical problem. The employee's personal physician shall be responsible for evaluating the employee's health.
2. Where it is not known that an employee has H.I.V. infection but the symptoms become sufficient to make attendance at work difficult, the normal procedures for dealing with employee sickness shall be used.
3. When a school or district official becomes aware that an employee has H.I.V. infection, information shall be kept confidential.
4. An employee infected with H.I.V./A.I.D.S. shall not be restricted from working solely on the basis of the diagnosis and shall not be removed from employment unless the attending physician and Medical Health Officer advise otherwise.
5. An employee who has been excluded from the workplace on the advice of the personal physician and the Medical Health Officer shall not re-enter it without the permission of the School Medical Officer, in consultation with the personal physician and the Superintendent and/or designate.

B. Students

1. A student with an H.I.V. infection/A.I.D.S., insofar as it is possible and prudent, shall be treated as would any other student with a medical problem.
2. Personnel involved in the care and education of H.I.V. infected students shall respect the student's right to privacy, including maintaining confidential records.
3. The number of personnel who are made aware of the student's condition shall be kept at the minimum needed to assure proper care of the child.

Date adopted: January, 1996

Revised: Aug 15/08

Reference:

Supt. Signature:

Administrative Regulations

ADMINISTRATION

1020

A.I.D.S./H.I.V. CASES continued

B. Students (continued)

4. The school principal shall consult regularly with the Superintendent and/or designate and the Medical Health Officer regarding the placement of known H.I.V. infected students.
5. Decisions regarding the type of educational setting for H.I.V. infected students shall be based on the behaviour, neurologic development and physical condition of the student and the expected type of interaction with others in that setting. In each case, risks and benefits to both the infected student and to others in the setting shall be weighed.
6. All decisions shall be made in consultation with the student's physician, Public Health personnel, the parent(s) or guardian(s), school and school district personnel.
7. For very young children and for some neurologically handicapped students who lack control of their bodily secretions or who display behaviour such as biting, and for those who have uncoverable oozing lesions, a more restricted educational environment shall be considered.
8. If there is any significant change in the student's condition or behaviour which seems to pose a threat to the student or to others, the principal shall isolate him/her until the parent/guardian is able to take the child home. The principal shall notify the School Medical Officer, who shall consult with the student's physician.
9. The appropriate procedures outlined in Administrative Regulations on General Hygiene shall be followed in the supervision and care of any student where there is a possibility of blood/body fluid contact with anyone else.
10. Because of the deficiencies in the immune system of persons with A.I.D.S., they are at greater risk from infection. Where a student with A.I.D.S. has been exposed to infection at school, the parent shall be informed immediately.

Date adopted: January, 1996
Revised: Aug 15/08

Reference:

Supt. Signature:



School District No. 46 (Sunshine Coast)
Administrative Regulations

EMERGENCIES

6450

**GENERAL HYGIENE -- POTENTIAL INFECTION FROM CONTACT WITH BODY FLUIDS
(INCLUDING A.I.D.S./H.I.V.)**

A. Scientific Use

1. Human tissue and body fluids shall not be used for scientific experiments.
2. Other safe instructional procedures such as commercially prepared slides shall be used.

B. First Aid

1. In an emergency situation, first aid shall be administered.
2. Mouth-to-mouth resuscitation should not be delayed if required because serious diseases are very rarely transmitted in this manner.
3. Disposable gloves should be put on prior to touching a victim who is bleeding.
4. All blood/body fluids should be washed off the victim in hot, soapy water.
5. If the person providing first aid has an open sore, cut and/or broken mucous membranes that comes into contact with the blood/body fluids being attended to, the site must be washed promptly in hot soapy water.
6. If the person who is the source of the blood or body fluids is known to have an infectious disease (i.e. H.I.V., Hepatitis B) the incident should be reported to the Medical Health Officer immediately and his/her advice sought.

C. Disinfection of Soiled Objects and Surface

1. Objects or surfaces that are visibly soiled with blood/body fluids of any persons must be wiped clean with soap and water and then disinfected with a freshly prepared 1:10 dilution of household bleach in water.
2. The person doing the cleaning must wear disposable gloves to avoid exposure of open sores and/or broken mucous membranes.

Page 1 of 3

Date adopted: January 1996
Revised:

Reference:

Supt. Signature:



School District No. 46 (Sunshine Coast)

Administrative Regulations

EMERGENCIES

6450

GENERAL HYGIENE -- POTENTIAL INFECTION FROM CONTACT WITH BODY FLUIDS (INCLUDING A.I.D.S./H.I.V.)(continued)

3. Disposable materials such as paper towels should be used. If a mop is used, it must be rinsed in disinfectant before reuse.
4. Clothing and linens visibly soiled with blood/body fluids should be rinsed in cold water and then machine-washed in hot water and ordinary laundry detergent.
5. Disposable gloves must be worn by the person rinsing the clothes.
6. All disposable articles soiled with blood/body fluids should be placed in a plastic bag, closed with a twist tie, and disposed of in a regular garbage container.

Page 3 of 3

Date adopted: January 1996
Revised:

Reference:

Supt. Signature:

Title: **General Hygiene, Communicable Diseases and Medical Concerns**

Category: **Health and Safety**

Number: **?**

A. Employees with Medical Concerns

1. The employee's personal physician shall be responsible for evaluating the employee's health.
2. When the symptoms of illness become sufficient to make attendance or performance at work unsafe for others, the normal procedures for dealing with employee sickness shall be used.
3. When a school or district official becomes aware that an employee has any health concern, information shall be kept confidential.
4. An employee infected with a medical concern shall not be restricted from working solely on the basis of the diagnosis and shall not be removed from employment unless the attending physician and Medical Health Officer advise otherwise.
5. An employee who has been excluded from the workplace on the advice of the personal physician and the Medical Health Officer shall not re-enter it without the permission of the Medical Health Officer, in consultation with the personal physician and the Superintendent and/or designate.

B. Students with Medical Concerns

1. Personnel involved in the care and education of students with a medical concern shall respect the student's right to privacy, including maintaining confidential records.
2. The number of personnel who are made aware of the student's condition shall be kept at the minimum needed to assure proper care of the child.
3. All decisions shall be made in consultation with the student's health care team, the parent(s) or guardian(s), school and school district personnel. Public Health personnel may be consulted as part of this process for best practice.

C. Disease Prevention

1. School District personnel will follow the universal precautions as outlined in Vancouver Coastal Health's document "Sneezes and Diseases" (attached) to prevent the spread of communicable diseases.

D. Disinfection of Soiled Objects and Surface

1. Please refer to "Sneezes and Diseases" for best practice.

E. Contact with Blood and/or Bodily Fluids

1. Please refer to "Sneezes and Diseases" for best practice.

F. Scientific Use

1. Human tissue and body fluids shall not be used for scientific experiments (for example, Science class lab assignments).

Title: **General Hygiene, Communicable Diseases and Medical Concerns**

Category: **Health and Safety**

Number: **?**

2. Other safe instructional procedures such as commercially prepared slides shall be used.

G. First Aid

1. In an emergency situation, first aid shall be administered.
2. First Aid personnel will use best practice as per the level of their training to ensure their own personal safety and that of the injured party.

Adopted:

Revised:

References: *Sneezes and Diseases: A Resource Book for Caregivers and Parents*
(<http://www.vch.ca/Documents/sneezes-and-diseases.pdf>)

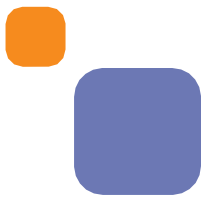


Sneezes & Diseases

A Resource Book
for Caregivers & Parents



Contents



How to Use Sneezes & Diseases	3
Important Telephone Numbers	4
Hospitals in VCH	5

Section 1

Prevention

How Infections are Spread	7
Routine Infection Control Practices	8
How to Wash Your Hands:	
Hand Washing and Hand Sanitizers	9
Cough & Sneeze Etiquette	10
Managing Human Bites in Your Centre or School	11
Guidelines for Cleaning & Sanitizing	
in a Child Care Centre	12
Guidelines for Cleaning Toys in a	
Child Care Centre or School	13
Guidelines for Cleaning Spills of	
Blood and Body Fluids	14
Health Risks from Used Needles and Condoms	15
Protocols for Needle Stick Injury &	
Splash of Blood or Body Fluid	16
Vaccine-Preventable Diseases	17
Routine Childhood Immunizations	17
List of Diseases to Report in British Columbia	18
Reporting a Disease Outbreak	18

Section 2

Facts About Diarrhea, Vomiting & Fever

Facts About Diarrhea	20
Facts About Vomiting	22
Facts About Fever	24

Section 3

Sneezes & Diseases Fact Sheets

Facts About Antibiotic-Resistant Bacteria	27
Facts About Chickenpox and Shingles (Varicella)	28
Facts About Cold Sores	30
Facts About the Common Cold	31
Facts About Croup	32
Facts About Ear Infections	33
Facts About Fifth Disease	34
Facts About Hand, Foot and Mouth Disease	35
Facts About Impetigo	36
Facts About Influenza	37
Facts About Measles	39
Facts About Meningitis (Bacterial)	40
Facts About Meningitis (Viral)	41
Facts About Methicillin-Resistant	
Staphylococcus aureus (MRSA)	42
Facts About Molluscum contagiosum	43
Facts About Mononucleosis	44
Facts About Mumps	45
Facts About Norovirus	46
Facts About Pertussis (Whooping Cough)	47
Facts About Pinkeye	48
Facts About Pneumonia	49
Facts About Roseola	50
Facts About Rotavirus	51
Facts About Rubella (German Measles)	52
Facts About Streptococcal Infections	53
Facts About Thrush and Candida Diaper Rash	55

Section 4

Infestations Fact Sheets

Facts About Bed Bugs	57
Facts About Head Lice	58
Facts About Pinworms	59
Facts About Ringworm	60
Facts About Scabies	61

Resources	62
-----------------	----

Revised Summer 2014



How to Use Sneezes & Diseases

Sneezes & Diseases is a resource for providers in child care settings, for teachers in elementary schools and for parents. It is divided into four sections.

Section 1 Prevention

Includes information on how infections and communicable diseases are spread and ways to prevent or control their spread.

Section 2 Facts About Diarrhea, Vomiting & Fever

Provides information about how to look after a child who has diarrhea, vomiting or fever. Many illnesses begin with these signs.

Section 3 Sneezes & Diseases

Contains fact sheets about infections and diseases that children sometimes get. They describe the infection or disease, explain what signs to look for and give some ideas on how to care for children.

When a child has one of these diseases, teachers or care providers can post the fact sheet or photocopy it and send it home with children.

Many infectious diseases can be prevented by routine childhood immunizations. These are vaccine-preventable diseases. The fact sheets tell you if a disease is vaccine-preventable.

You will also find a fact sheet on antibiotic resistant bacteria in this section.

If you have questions, please contact your local Community Health Centre or call VCH Communicable Disease Control at 604.675.3900.

The telephone numbers for Community Health Centres throughout Vancouver Coastal Health are listed on page 4.

Changes in a child's behavior can be an important sign of illness. If you're worried by a child's behavior, call a doctor or 811.

Section 4 Infestations Fact Sheets

Contains fact sheets about infestations that can affect children. There are fact sheets on head lice, ringworm, scabies, pinworms and bed bugs. These fact sheets provide information about how to treat and control the spread of infestations.

Some diseases or infestations must be reported to the local Community Health Centre. The fact sheets tell you when to report a case or outbreak of disease or an infestation.

Important Telephone Numbers

Community Health Centres in Vancouver Coastal Health

Vancouver

Evergreen Community Health Centre

3425 Crowley Drive
604.872.2511

Pacific Spirit Community Health Centre

2110 West 43rd Avenue
604.261.6366

Raven Song Community Health Centre

2450 Ontario Street
604.709.6400

Robert and Lily Lee Family Community Health Centre

1669 East Broadway
604.675.3980

South Community Health Office

6405 Knight Street
604.321.6151

Three Bridges Community Health Centre

1292 Hornby Street
604.736.9844

Richmond

Richmond Health Department

8100 Granville Avenue
604.233.3150

Coastal Rural & Urban (North & West Vancouver, Sea-to-Sky, Sunshine Coast & Powell River)

Bella Bella Medical Clinic

88 Waglisa Street
Bella Bella
250.957.2332

Bella Coola Public Health

1025 Elcho Street
Bella Coola
250.799.5722

Coastal Rural & Urban Continued

Central Community Health Centre

6th floor, 132 W. Esplanade
North Vancouver
604.983.6700

Gibsons Health Unit

494 South Fletcher Road
Gibsons
604.886.5600

Parkgate Community Health Centre

2nd Floor, 3625 Banff Court
North Vancouver
604.904.6450

Pemberton Health Unit

1403 Portage Road
Pemberton
604.894.6967

Powell River Health Unit

3rd Floor, 5000 Joyce Avenue
Powell River
604.485.3310

Sechelt Health Unit

5571 Inlet Avenue
Sechelt
604.885.5164

Squamish Health Unit

1140 Hunter Place
Squamish
604.892.2293
Toll free: 1.877.892.2231

West Community Health Centre

2121 Marine Drive
West Vancouver
604.904.6200

Whistler Health Unit

202 - 4380 Lorimer Road
Whistler
604.932.3202

Other Important Contact Numbers

VCH Communicable Disease Control

Suite 800, 601 West Broadway
Vancouver
604.675.3900
Toll free: 1.855.675.3900

Community Care Facilities Licensing

Suite 1200, 601 West Broadway
Vancouver
604.675.3800

Community Care Facilities Licensing

8100 Granville Avenue
Richmond
604.233.3147

Community Care Facilities Licensing

Suite 500, 132 West Esplanade
North Vancouver
604.983.6700

For Community Care Facilities Licensing in other communities, contact your local Community Health Centre and ask for a Licensing Officer

HealthLink BC

811 or 604.215.8110
Deaf and Hearing Impaired
711

Poison Control

Greater Vancouver
604.682.5050
Toll free: 1.800.567.8911

Hospitals in VCH

In an emergency, children 16 and under can be taken to:

BC Children’s Hospital

4480 Oak Street, Vancouver
604.875.2345

In Vancouver

Adults can go to any of the following:

St. Paul’s Hospital

1081 Burrard Street, Vancouver
604.682.2344

Vancouver General Hospital

855 West 12th Avenue, Vancouver
604.875.4111

Urgent Care Centre at UBC Hospital

2211 Wesbrook Mall, Vancouver
604.822.7121 (Hours: 8:00 am – 10:00 pm)

Mount Saint Joseph Hospital

3080 Prince Edward Street, Vancouver
604.874.1141 (Hours: 8:00 am – 8:00 pm)

Outside Vancouver

Children and adults can go to any of the following:

Richmond Hospital

7000 Westminster Highway, Richmond
604.278.9711

Lions Gate Hospital

231 East 15th Street, North Vancouver
604.988.3131

Squamish General Hospital

38140 Behrner Drive, Squamish
604.892.5211

St. Mary’s Hospital

5544 Sunshine Coast Highway
Sechelt
604.885.2224

Whistler Health Care Centre

4380 Lorimer Road, Whistler
604.932.4911

Pemberton Health Centre

1403 Portage Road, Pemberton
604.894.6939

Powell River General Hospital

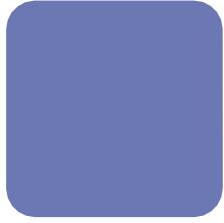
4970 Joyce Avenue, Powell River
604.485.3211

Bella Coola General Hospital

1025 Elcho Street, Bella Coola
250.799.5311

R. W. Large Memorial Hospital

88 Waglisa Street, Bella Bella
250.957.2314



[Section 1]

How Infections Are Spread

“Germs” is a common term used for bacteria, viruses, fungi and some parasites. Germs are found everywhere. Not all germs cause disease. Some germs even help us to stay healthy. Some germs can lead to infection or disease. A communicable disease is an infection, caused by a germ that is spread from person to person or from the environment to a person.

Some germs are spread through the air, usually in droplets, coughed, sneezed or breathed into the air by a person who is infected. Some germs such as the cold, influenza and mumps germs travel short distances. Others, such as measles and chickenpox stay in the air longer and can travel longer distances.

Some germs are spread by contact. For some diseases this needs to be direct person-to-person contact with an infected person. In other cases, germs are spread by indirect contact; that is, by contact with an object that has germs on it. Some of the infectious diseases spread by contact are pink eye and impetigo.

Infestations, such as ringworm, head lice, scabies and pinworms also spread by contact.

Other germs spread when the blood or body fluids of an infected person enter the bloodstream or mucous membranes of another person. Some of the diseases, spread in this way, are HIV, hepatitis B and hepatitis C.

Some germs are spread by a common source, such as contaminated food or water.

This is how food poisoning happens.

Other germs are spread by insects or animals.

Many germs spread in more than one way. For instance, the influenza virus can be spread in droplets in the air or by contact with a tissue that someone with the flu has used to blow their nose. Each of the fact sheets in this resource tells you how a specific infection is spread and what steps to take to help prevent or control its spread.

Routine Infection Control Practices

We cannot always tell when someone has an infection. Some people may be infected with a germ and not appear sick. But they may still be able to pass the germ on to others. For this reason, we should use routine infection control practices with everyone, whether they appear sick or not. Routine infection control practices help to reduce the chances of an infection spreading from one person to another.

1 Wash your hands. Hand washing is the best way to prevent the spread of infection. Proper hand washing reduces the spread of colds and influenza by as much as 40 percent! (See: How to Wash Your Hands, page 9)

2 In the child care setting, **use disposable gloves** when handling blood or body fluids, when cleaning cuts or scrapes or when changing a child's diaper.

3 Cover your mouth and nose with a tissue when you cough or sneeze. If a tissue is not handy, cough or sneeze into your sleeve, not your hand. (See: Cough & Sneeze Etiquette, page 10)

4 Clean and sanitize diaper change areas between uses.

6 Do not share personal items such as hairbrushes, toothbrushes, towels, face-cloths, sippy cups or hats.

7 Wash laundry using detergent and warm water. In the child care setting, soiled clothing can be put into a plastic bag. Tie the bag closed. Send the clothes home to be washed.

5 Keep toilets visibly clean.

8 During disease outbreaks, follow the guidance of public health about additional steps to take to control the spread of disease.

9 If possible, **separate sick children from well children.**

10 In the child care centre setting, **clean and sanitize** according to the guidelines on page 12.

How to Wash Your Hands:

Hand Washing and Hand Sanitizers

Hand washing is the best way to prevent the spread of infection. Proper hand washing reduces the spread of colds and influenza by as much as 40 percent! When you wash your hands, you wash away the germs that you may have picked up from other people, from surfaces or from animals. Teach children to wash their hands thoroughly and often, so that hand washing becomes a life-long habit.

There should be **liquid soap, water and disposable paper towels, or clean individual towels**, available for hand washing.

Use plain liquid soap to wash hands. Do not use antibacterial soaps or cleaners; these can lead to antibiotic resistance. (See: Antibiotic Resistant Bacteria, page 27)

When washing their hands with soap and water, children should wash for 20 seconds while singing “Twinkle, Twinkle Little Star”. Then rinse well.

Use disposable paper towels to dry hands and throw the towel into the garbage, or use clean individual towels. “No Touch” garbage cans for disposal of paper towels help reduce the spread of infection.

When soap and water are not available, children should use an alcohol-based hand sanitizer. Alcohol-based hand sanitizers are safe for children to use.

When cleaning their hands with alcohol-based hand sanitizer, children should use enough sanitizer to keep their hands wet for 15 - 30 seconds; follow the directions on the bottle.

Here are links to some posters that show how to wash hands and how to use a hand sanitizer:

How to Wash Your Hands: www.vch.ca/flu/docs/Hand_Washing.pdf

How to Use a Hand Sanitizer: www.vch.ca/flu/docs/Hand_Sanitizing.pdf

Children should wash their hands:

- > before and after eating
- > after using the toilet
- > after sneezing or coughing or wiping their noses
- > when their hands are dirty
- > after playing with commonly used toys
- > before and after playing at a water table
- > after playing outdoors or in a sandbox
- > after handling animals or animal waste.

When hands are visibly dirty or if there is diarrhea, warm water and soap should be used instead of a hand sanitizer.

Cough & Sneeze Etiquette

You can help stop the spread of germs that make you and others sick by practicing good “cough and sneeze etiquette.”

Always cover your mouth and nose with a tissue when you cough or sneeze.

Throw the used tissue into a garbage can. Then wash your hands, using either soap and water or a hand sanitizer.

If you don't have a tissue, cough or sneeze into your sleeve (not your hand!).

Keep your hands away from your eyes and nose.

Your eyes and nose have mucous membranes; germs (on your hands) can enter your body through the mucous membranes of your eyes and nose.

A “Cover Your Cough” poster is available at: www.vch.ca/flu/docs/Cover_Your_Cough.pdf

Managing Human Bites in Your Centre or School*

Information for Caregivers and Parents

Bites at Child Care Centres: What are the risks?

Children in child care centres sometimes bite. Most bites do not break the skin and are harmless. We know from surveys of child care centres that most bites happen in September, at the beginning of the child care year. Toddlers (ages 13 – 24 months) are bitten most often, usually on the arms or face. Only one bite in 50 breaks the skin.

Will the bite become infected?

Bites in child care centres almost never become infected. Serious bites are unusual in child care centres.

Hepatitis & HIV Infections

The routine vaccination of infants and children against hepatitis B virus means that the risk of infection with hepatitis B from a bite is very low.

If a bite breaks the skin, the hepatitis B virus may pass from one child to another. The hepatitis B virus does not pass through normal, unbroken skin.

If a child, who is not vaccinated against hepatitis B is bitten and the skin is broken, the child should be seen by a doctor.

If a child, who is not vaccinated against hepatitis B, bites and gets blood in his or her mouth, the biter should be seen by a doctor.

It is very unlikely that HIV will be transmitted through a bite in a child care centre or school, even when the skin is broken. Treating a child with anti-HIV drugs is not usually recommended.

* School boards may have protocols for managing human bites in schools.

How to Care for a Bite Injury

If a child is bitten at the child care centre or school, here is what to do:

If the skin is not broken:

- Gently clean the injury with soap and water.
- Cover with a cold, clean cloth or pad to help reduce swelling.
- Comfort the child.

If the skin is broken:

- Let the injury bleed gently.
- Clean the injury carefully with soap and water.
- Cover with a cold, clean cloth or pad to help reduce swelling.
- Comfort the child.
- Apply a band-aid or dressing to cover the wound.
- Notify the parents.
- Child care centre management must report the incident to the Licensing Officer if medical attention is sought.



What to Do at Home

If your child is bitten and the skin is broken:

- Check whether your child has been vaccinated against tetanus; make sure that the tetanus shot is up-to-date. If not, talk to your doctor or Public Health Nurse about tetanus shots.
- Check whether your child has been vaccinated against hepatitis B. If not, talk with your doctor or Public Health Nurse about hepatitis B shots.
- Watch the injury for a few days; call your doctor, if the bite area gets red or swollen.

Guidelines for Cleaning & Sanitizing in a Child Care Centre*

Cleaning is the removal of visible dirt from a surface. Sanitizing is done after cleaning to reduce the number of germs remaining on a surface to a safe level.

A surface cannot be properly sanitized until it has first been thoroughly cleaned. Routine cleaning and sanitizing of surfaces will help to reduce the spread of infection and disease.

Procedures

TO CLEAN: remove visible dirt by wiping up with a clean, wet cloth and a little household cleaning detergent. Wipe off excess water.

TO SANITIZE: wipe with a mixture of **one teaspoon (5 ml) household bleach (5% - 6% chlorine) in two cups (1/2 litre) of water.** Let stand for a minute and dry with a clean cloth.

Sanitizers other than bleach may be used but must be suitable for the intended purpose, especially on food contact surfaces or objects that children may put in their mouths. **READ THE ENTIRE LABEL.** Use the product **exactly** as directed on the label.

Cleaning & Sanitizing Guide

Surface or Item	Cleaning or Sanitizing	When
Kitchen <ul style="list-style-type: none"> > Counters > Food contact surfaces, dishes, trays, tabletops, bibs > Sinks > Cleaning cloths 	<ul style="list-style-type: none"> - Cleaning - Cleaning and sanitizing - Cleaning - Laundering 	<ul style="list-style-type: none"> - Before & after each use - Before & after each use - After each use - Daily
Bathroom <ul style="list-style-type: none"> > Diaper table, potty > Toilet, floor, sinks 	<ul style="list-style-type: none"> - Cleaning & sanitizing - Cleaning & sanitizing 	<ul style="list-style-type: none"> - After each use - Daily & when soiled
Sleep Room <ul style="list-style-type: none"> > Bedding > Cribs, playpens > Sleep mats 	<ul style="list-style-type: none"> - Laundering - Cleaning & Sanitizing - Cleaning & Sanitizing 	<ul style="list-style-type: none"> - Between children & when soiled - Between children & when soiled - When soiled
Floors <ul style="list-style-type: none"> > Smooth > Carpet in infant & toddler rooms > Carpet in over 3 rooms 	<ul style="list-style-type: none"> - Vacuuming or sweeping - Washing - Vacuuming - Cleaning (steam or hot water) - Vacuuming - Cleaning (steam or hot water) 	<ul style="list-style-type: none"> - Daily - Weekly & when dirty - Daily - Every 3 months - Daily - Every 6 - 12 month
Miscellaneous <ul style="list-style-type: none"> > Cleaning cloths > Wet mops 	<ul style="list-style-type: none"> - Laundering - Rinsing with sanitizer solution and dry with head end up 	<ul style="list-style-type: none"> - After each use - After each use

For instructions for cleaning toys see "Guidelines for Cleaning Toys in Child Care Centres or Schools" on page 13

For instructions for cleaning blood, vomit or diarrhea spills see "Guidelines for Cleaning Spills of Blood and Body Fluids" on page 14.

* School Boards have policies on cleaning and sanitizing in schools.

Guidelines for Cleaning Toys in Child Care Centres/Schools

Cleaning is the removal of visible dirt from a surface. Sanitizing is done after cleaning to reduce the number of germs remaining on a surface to a safe level.

A surface cannot be properly sanitized until it has first been thoroughly cleaned.

- Choose toys that are washable, sturdy and large enough to avoid swallowing or choking.
- Choose toys that can be cleaned and sanitized.
- Stuffed toys should be machine-washable.
- Clean toys when visibly dirty and at least once a week. If toys are used a lot, clean them daily.
- Remove toys from the play area that children have put in their mouths, or that have other body fluids on them, until they can be cleaned.
- When cleaning toys, use the opportunity to check for sharp, jagged edges or small pieces that can easily break off. If toys cannot be fixed, throw them away.

To clean hard toys:

Clean hard toys in a dishwasher with a sanitizer cycle. Use dishwasher detergent to clean the toys. The heat of the sanitizer cycle will sanitize the toys.

OR

Clean toys with dish soap and water. Rinse thoroughly, then sanitize the toys with a mixture of one teaspoon (5 ml) household bleach (5% - 6% chlorine) in two cups (1/2 litre) of water. Allow the toys to air dry.

OR

Clean toys with dish soap and water. Wipe toys with a cloth soaked in a **disinfectant** or with a commercial disinfecting wipe. **Be sure to rinse the toys thoroughly in warm water to remove chemicals left behind; some chemicals are harmful to children.** Allow toys to air dry.

Note: There are many disinfectants in stores. Make sure that the disinfectant you use is safe for children and follow the maker's instructions when you use it.

To clean stuffed toys:

Clean stuffed toys in a washer with laundry soap. Dry in a dryer on a normal setting.

Water tables

Water tables can be a source of germs. Children can introduce germs when they put their hands into the water and take germs away when they take their hands out.

Children should wash their hands before and after playing at a water table. Change the water in water tables regularly. Fill with clean water in the morning, drain at lunch time and refill for afternoon play.

Drain the water table at the end of the day, then clean and sanitize the table and the toys, as above.

Guidelines for Cleaning Spills of Blood and Body Fluids

Body fluids include:

- > urine
- > feces (including diarrhea)
- > saliva
- > blood
- > discharge from the nose
- > vomit

It's a good idea to have a "spill kit" ready to be able to clean up spills of blood, vomit, diarrhea or other body fluids that can carry infection.

Remember, clean first, then sanitize.

Spill Kit Contents

A preassembled spill kit should contain:

- > garbage bags
- > disposable gloves (non-latex)
- > paper towels
- > detergent
- > bleach or disinfectant
- > bucket
- > mop, cloths, brushes

In case of a spill of blood, vomit, diarrhea or any other body fluid:

- Wear disposable gloves or household rubber gloves that can be cleaned and sanitized.
- Use other personal protective equipment as required, such as goggles and protective clothing, if there is a risk of splashing.

For hard surfaces

- Soak up and remove most of the spill using paper towels.
- Place soiled paper towels directly into a plastic garbage bag.
- With a mop or cleaning cloth, clean the soiled area with detergent and water to remove any visible dirt or body fluids.
- After cleaning, sanitize the area using a **low level disinfectant**. A mixture of one cup (250 ml) of household bleach (5% – 6% chlorine) in nine cups (2.5 litres) of water (1 part bleach to 9 parts water) will do. In order to sanitize surface, let bleach solution stands for one minute before drying.
- If you use a commercial disinfectant **follow the instructions on the label**.
- Close the bag; tie it up tightly to prevent it from opening and deposit in regular garbage.
- Remove gloves and other personal protective equipment and deposit in regular garbage. Wash your hands.

For carpet & upholstery

- Blot up spill with paper towels.
- Place soiled paper towels directly into a plastic garbage bag.
- Apply a household detergent/disinfectant to cover the spot. Let sit 30 minutes.
- Blot up excess liquid with paper towels and dispose of them, as above.
- Reapply detergent/disinfectant. Let dry overnight.
- Close the bag; tie it up tightly to prevent it from opening and deposit in regular garbage.
- Remove gloves and other personal protective equipment and deposit in regular garbage. Wash your hands.
- If necessary, steam clean carpet and upholstery. Replace heavily soiled carpets and upholstery that cannot be effectively cleaned and sanitized.

To clean and sanitize cleaning equipment

- Wear disposable gloves or household rubber gloves that can be cleaned and sanitized.
- Wash mops, cloths and brushes in hot, soapy water and rinse. Ensure that all visible dirt is removed.
- Soak mops, cloths and brushes in a low level disinfectant solution for 20 minutes. Sanitize the mop handle by cleaning and then wiping with a low level disinfectant.
- Clean and sanitize reusable personal protective equipment, such as household rubber gloves.
- Clean and sanitize surface areas and sinks where you have cleaned equipment.

Health Risks from Used Needles and Condoms

If you handle a used needle or condom properly, there is no health risk. Teach children never to touch condoms or needles that they find and to ask an adult for help if they find needles or condoms.

To dispose of used needles safely:

- Don't touch used needles with your bare hands.
- Wear disposable gloves or washable rubber gloves.
- Use tongs to pick up the needle. Clean the tongs with bleach solution of 1 part bleach to 9 parts water after needle is discarded.
- Put the needle in a container that cannot be punctured by the needle. A plastic milk jug, large plastic pop bottle or metal container with a screw on lid will do. The best container is a "sharps container" which is made for used needles. A sharps container is hard-sided and there is less risk of the needle poking through the container.
- Take the container to the needle; don't carry the needle to the container.
- Do not hold the container when you put the needle into it. Close the container with a lid.
- Put the container into a garbage can that children cannot get at. Do not put it into a recycling bin.
- Wash your hands with soap and warm water.

Sharps Containers

School Board staff should contact their Safety and Health Department for more information on how to get and handle sharps containers. Child care providers can get hard-sided sharps containers at most drug stores; there may be a charge. **Drug stores will accept sealed, used sharps containers for disposal, at no charge.**

Pick-up of Discarded Needles

In Vancouver and Richmond, there are needle pick-up programs.

In Vancouver, you can call the Needle Pick-up Hotline at 604.657.6561 to arrange for pick-up of discarded needles.

In Richmond, you can call the City Works Yard at 604.270.8721 to arrange for pick-up of discarded needles.

For other areas within Vancouver Coastal Health, please contact your local public health office for further guidance. See contact information page 14.

To dispose of used condoms safely:

- Wear disposable gloves or washable rubber gloves.
- Pick up the condom and put it in a plastic bag.
- Tie the bag shut tightly and put it in a garbage can that children cannot get at. Do not put bag into a recycling bin.
- Remove and dispose of disposable gloves; wash rubber gloves.
- Wash your hands with soap and warm water.

Protocols for Needle Stick Injury & Splash of Blood or Body Fluid

Call Vancouver Coastal Health Communicable Disease (CD) Control at 604.675.3900 or your local public health office for an assessment and advice. If you cannot reach someone in Public Health, follow the protocol below.

Protocol for a Used Needle Stick Injury

In case of a **used needle stick injury to a child or staff member** in a child care centre or at school:

- Don't panic. The risk of serious infection is low.
- Allow the pricked area or wound to bleed freely; do not squeeze it.
- Wash the area with soap and warm water immediately. Do not use bleach or alcohol as they will irritate the wound.

If the injury is to a child:

- Contact the parents.
- Call and ask for the CD nurse on call at 604.675.3900 right away.
- After hours, immediately take the child to the nearest hospital emergency department; in Vancouver, go to BC Children's Hospital.
- Child care centre management must report the incident to the Licensing Officer.

If the injury is to a staff member:

- Report to your supervisor immediately. If you cannot do this, leave your supervisor a message.
- Call the CD nurse on call at 604.675.3900 right away.
- After hours, go immediately to the nearest hospital emergency department.
- For follow-up counselling, see your doctor or occupational health services department.
- Complete WorkSafeBC reports.
- Child care centre management must report the incident to the Licensing Officer.

Protocol for a Splash of Blood or Body Fluid

In case of a **splash of blood or body fluid to the eye, nose or mouth of child or staff member** in a child care centre or at school:

- Don't panic. The risk of serious infection in a child care centre or school setting is very low.
- Rinse well with tap water for 10 – 15 minutes.

If a child is splashed with blood or body fluid to the eyes, nose or mouth:

- Contact the parents.
- Call and ask for the CD nurse on call at 604.675.3900 right away.
- After hours, immediately take the child to the nearest hospital emergency department; in Vancouver, go to BC Children's Hospital.
- Child care centre management must report the incident to the Licensing Officer.

If a staff member is splashed with blood or body fluid to the eyes, nose or mouth:

- Report to your supervisor immediately. If you cannot do this, leave your supervisor a message.
- Call the CD nurse on call at 604.675.3900 right away.
- Go immediately to the nearest hospital emergency department.
- For follow-up counselling, see your doctor or occupational health services department.
- Complete WorkSafeBC reports.
- Child care centre management must report the incident to the Licensing Officer.

See page 5 for Hospitals in VCH

Vaccine-Preventable Diseases

Vaccination (Immunization, shots) is a healthy choice that can save a child's life. These serious diseases can still be found in our community and getting vaccinated is the only way to protect children.

In the case of an outbreak of a vaccine-preventable diseases, unimmunized children may be excluded from school or child care.

BC's childhood immunization program is one of the best in the world. Free vaccines are provided to protect your child against these 15 diseases:

- ✓ Diphtheria
- ✓ *Haemophilus influenzae* type B (Hib)
- ✓ Hepatitis B
- ✓ HPV (Human Papillomavirus)
- ✓ Influenza (flu)
- ✓ Measles (Red measles)
- ✓ Meningococcal disease
- ✓ Mumps
- ✓ Pertussis (Whooping cough)
- ✓ Pneumococcal disease
- ✓ Polio
- ✓ Rotavirus
- ✓ Rubella (German measles)
- ✓ Tetanus (Lockjaw)
- ✓ Varicella (Chickenpox)

If your child has a medical condition you should consult your public health nurse or family doctor about their immunization needs. They may qualify for other free vaccines.

Your child may also benefit from other vaccines that can be purchased such as other meningococcal and travel vaccines.

Understanding BC's Childhood Immunization Schedule

What age do I start immunizing my child?

- 1st vaccines, 2 months
- 2nd vaccines, 4 months
- 3rd vaccines, 6 months
- 4th vaccines, 12 months
- 5th vaccines, 18 months
- School age:
 - Kindergarten entry, starting at age 4
 - Grade 6, 9
- Flu vaccine every year from 6 months of age

Follow the routine immunization schedule

For best protection, it's recommended that you follow the routine schedule and get all shots on time. Schedules that delay, withhold or space out vaccines are not recommended and can be risky.

Six reasons why it's best to follow the routine schedule:

1. The schedule is based on the best science of today.
2. The schedule is safe and works very well.
3. Your child will be protected as soon as they can be.
4. You will reduce your child's risk of anxiety and needle fear.
5. Whether vaccines are given together or one at a time, the risk of side effects is the same.
6. You will reduce the number of visits and time spent getting your child's shots.

Vaccine schedules can change

For the most up-to-date schedule and to learn more about immunizations visit the website:

www.immunizebc.ca

Your Child's Record – Keep it in a safe place!

An immunization record will be required during the registration process at childcare, preschool and kindergarten entry.

Without a record or proof of having had a disease, your child is considered unimmunized and unprotected.

Tip for record keeping: After each visit make sure your child's record is filled in by your vaccine provider. It's important because BC providers can't easily share records on your behalf at this time. So it's up to you to ensure your child's record is up-to-date and easy to find, as you will get asked for it many times throughout your child's life.

List of Diseases to Report in British Columbia

(as of July 2009)

Acquired Immune Deficiency Syndrome	Hepatitis Viral: Hepatitis A, B, C, E Other viral hepatitis
Anthrax	Human Immunodeficiency Virus
Botulism	Leprosy
Brucellosis	Lyme Disease
Chancroid	Measles
Cholera	Meningitis: All causes
Congenital infections: Toxoplasmosis, Rubella, Cytomegalovirus, Herpes simplex, Varicella-zoster, Hepatitis B Virus, Listeriosis and any other congenital infection	Bacterial: Haemophilus Pneumococcal Other
Creutzfeldt-Jacob Disease	Viral
Cryptococcus gatti	Meningococcal Disease: All Invasive Including Primary Meningococcal Pneumonia & Primary Meningococcal Conjunctivitis
Cryptosporidiosis	Mumps
Cyclospora Infection	Neonatal Group B Streptococcus Infection
Diffuse Lamellar Keratitis (DLK)	Paralytic Shellfish Poisoning (PSP)
Diphtheria: Cases Carriers	Pertussis (Whooping Cough)
Encephalitis: Post-infectious Subacute sclerosing panencephalitis Vaccine-related Viral	Plague
Foodborne illness: All causes	Poliomyelitis
Gastroenteritis epidemic: Bacterial Parasitic Viral	Rabies
Genital Chlamydia Infection	Reye's Syndrome
Giardiasis	Rubella
Gonorrhea – all sites	Severe Acute Respiratory Syndrome
H5 and H7 strains of the Influenza virus	Smallpox
Haemophilus influenzae Disease All Invasive, by Type	Streptococcus Pneumoniae Infection, Invasive
Hantavirus Pulmonary Syndrome	Syphilis
Hemolytic Uremic Syndrome	Tetanus
Hemorrhagic Viral Fevers	Transfusion Transmitted Infection
	Tuberculosis
	Tularemia
	Typhoid Fever and Paratyphoid Fever
	Waterborne Illness: All causes
	West Nile Virus Infection
	Yellow Fever

Most cases of reportable disease are identified by the health care system.

A provider who knows or suspects that a child or worker is suffering from a reportable disease should contact their Licensing Officer, Public Health Nurse or Environmental Health Officer.

Remember that information about someone's health is private information and should be treated with confidentiality.

Notifying Public Health of an Outbreak of Diarrheal Disease

Some diseases that are not "reportable diseases" can still cause serious illness and need to be followed up by public health to determine the cause and to prevent spread. Many of these diseases cause diarrhea and vomiting.

Providers in child care centres should notify public health when 3 or more children have been sick with similar symptoms, such as diarrhea or vomiting, within a short period of time.

[Section 2]

Facts About
Diarrhea,
Vomiting
& Fever



Diarrhea

Diarrhea is a common problem in children. It is usually mild and lasts for a short time.

Every child has a different pattern of bowel movements, so it is sometimes hard to tell if a child has diarrhea or just loose bowel movements. It is diarrhea:

- > if the child has more, loose bowel movements than usual, **OR**
- > if the bowel movements are more watery or unformed than usual.

Sometimes diarrhea can be severe, especially in very young children. A child with diarrhea may feel sick to the stomach and not want to eat. The child may also have a fever, stomach pains or cramps. There can be blood or mucus in the bowel movements.

Diarrhea is usually caused by a virus. Sometimes diarrhea is caused by bacteria and can be treated with antibiotics.

Diarrhea can be harmful to your child because of the danger of dehydration. Dehydration occurs when too much fluid is lost from the body. Children with diarrhea must drink enough fluids so they don't become dehydrated.

See: *Feeding a Child with Diarrhea*, page 21

How is Diarrhea Spread?

Germs that cause diarrhea spread easily from person to person and especially from child to child through contact with feces, contaminated surfaces or in food or water. To stop the spread, wash your hands and the child's hands carefully after every diaper change. Make sure that children wash their hands after using the toilet. Wash hands often and always before preparing or eating food.

Refer to *Guidelines for Cleaning Spills of Blood & Body Fluids* on page 14.



What to Do at Home

- Watch your child for signs of diarrhea if other children have it.
- Make sure everyone in the house, including your child, washes their hands after using the toilet and after diaper changes.
- Wash hands often and always before preparing or eating food.
- Use a different towel, facecloth, dish, spoon, etc. for each person to stop the germs from spreading.



When to Call Your Doctor or 811

- Call your doctor if your child has diarrhea and:
 - > is under 6 months of age, **or**
 - > has bloody or black bowel movements, **or**
 - > has a temperature of 38.5°C or higher
- Call your doctor if your child has diarrhea and any of the following signs. These may mean that your child is becoming dehydrated.

Signs of Dehydration



- > **decreased urination (fewer than 4 wet diapers in 24 hours)**
- > **increased thirst**
- > **no tears**
- > **dry skin, mouth and tongue**
- > **fast heart beat**
- > **sunken eyes**
- > **greyish skin**
- > **sunken soft spot on baby's head**

Continued
next page

Feeding a Child with Diarrhea

□ Talk to your doctor or Public Health Nurse, if you have any questions about what to feed a child with diarrhea. Here are some suggestions:

> **If your child is less than 6 months old:**

- Keep breastfeeding, but you may also give the baby extra fluids.
- If your baby is on formula, follow the directions on the package carefully. Do not boil, thicken, or make formula stronger, because the child may become more dehydrated.
- Talk to your doctor about using an oral rehydration solution, such as Pedialyte™ or Pediatric Electrolyte
See: Note at top right column.
- Don't give your baby plain water, unless your doctor specifies an amount.

> **If your child is more than 6 months old:**

- Remember, a child with diarrhea may not feel like eating, but it is important to try to get your child to drink as much as possible.
- If your child is still breastfeeding, continue breastfeeding.
- Try to avoid sugary drinks, such as pop, fruit juice, sweetened fruit drinks or sweetened tea; sugar can make the diarrhea worse.
- Offer your child an oral rehydration solution, such as Pedialyte™ or Pediatric Electrolyte
See: Note at top right column.

- Here are some foods that are okay for your child to eat:

bananas	rice
noodles	potatoes
meats	cereals, especially rice cereals

- You can offer an older child plain water to drink as long as the child is eating food.
- Allow your child to drink as much fluid as he or she wants.

Note: Oral Rehydration Solutions

Oral rehydration solutions are exact mixtures of water, salts and sugar. They help replace lost fluids. These solutions can be absorbed even when your child is vomiting. They come in different flavours. You can buy a ready-to-use liquid, a powder that must be mixed with water, and frozen popsicles. Offer small amounts often, using a spoon or dropper for infants. Do not use oral rehydration solutions as the sole source of fluid for more than 12-24 hours.

Sports drinks such as Gatorade™ contain more sugar than a child needs and may make diarrhea worse.

If you have any questions about oral rehydration solutions, talk to your doctor.

- > Do not give your child any medicine unless your doctor suggests it.



A child with diarrhea should not go to the child care centre. This includes:

- any episode of bloody diarrhea
- more loose bowel movements than usual, or bowel movements that are more watery or unformed than usual (2 or more liquid or watery stools within a 24 hour period).

A child with diarrhea should not go to school if the bowel movements are loose and there is a risk of spreading germs from the diarrhea to surfaces used by others in the school.

Vomiting

Vomiting is most often caused by a virus. Bacteria, parasites, foods that are hard to digest and other things, such as stress or even car travel, may also cause a child to vomit. Vomiting may also be a sign of other infectious or serious non-infectious illness, such as appendicitis.

Vomiting can be harmful to a child because of the danger of dehydration. Dehydration occurs when too much fluid is lost from the body. Children who are vomiting must drink enough fluids so they don't become dehydrated.

See: *Feeding a Child Who is Vomiting* on page 23.

Germs that cause vomiting spread easily from person to person and especially from child to child through contact with feces, contaminated surfaces or in food or water. To stop the spread, wash your hands and the child's hands carefully after every diaper change. Make sure that children wash their hands after using the toilet. Wash hands before preparing or eating food.

Refer to *Guidelines for Cleaning Spills of Blood & Body Fluids* on page 14.



What to Do at Home

- Make sure everyone in the house, including your child, washes their hands after using the toilet and after diaper changes.
- Wash hands often and always before preparing or eating food.
- Use a different towel, facecloth, dish, spoon, etc. for each person to stop the germs from spreading.



When to Call Your Doctor or 811

- Call your doctor right away if your child is vomiting and has **any** of the following signs or **any** of the signs of dehydration:
 - > has stomach pain that is severe and does not stop
 - > is bringing their knees up to their stomach and crying
 - > has fast breathing
 - > is under 6 months of age
 - > refuses to drink
 - > has a temperature of 38.5° C or higher
 - > is very sleepy or fussy
 - > has severe head or neck pain
 - > has green vomit
 - > has blood in the vomit or in diarrhea
 - > is still vomiting after 4 – 6 hours



Signs of Dehydration

- > decreased urination (fewer than 4 wet diapers in 24 hours)
- > increased thirst
- > no tears
- > dry skin, mouth and tongue
- > fast heart beat
- > sunken eyes
- > greyish skin
- > sunken soft spot on baby's head

Continued next page

Feeding a Child Who is Vomiting

- Talk to your doctor, if you have any questions about what to feed a child who is vomiting. Here are some suggestions:
- > **If your child is less than 6 months old:**
 - Avoid giving plain water to an infant under 1 year of age, unless your doctor specifies an amount.
 - Offer your child small amounts (2 – 3 teaspoons) of an oral rehydration solution, such as Pedialyte™ or Pediatric Electrolyte, every 15 – 20 minutes. *See: Note at top right column.*
 - Gradually increase the amount of solution, if your infant is able to keep it down without vomiting.
 - Do not give your infant more fluid than he or she would normally eat; this will overfill an irritated stomach and may lead to more vomiting.
 - If your child is breastfeeding, breastfeed for a total of 5 – 10 minutes every two hours.
 - If your infant is under 1 month of age and is vomiting (not just spitting up), call your doctor right away.
 - > **If your child is 6 months to 1 year old:**
 - Avoid giving plain water to an infant under 1 year of age, unless your doctor specifies an amount.
 - Offer your child small amounts (2 – 3 teaspoons) of an oral rehydration solution, such as Pedialyte™ or Pediatric Electrolyte, every 15 – 20 minutes. Infants over 6 months of age may prefer flavoured oral rehydration solution. *See: Note at top right column.*
 - Gradually increase the amount of solution, if your infant is able to keep it down without vomiting.
 - Do not give your infant more fluid than he or she would normally eat; this will overfill an irritated stomach and may lead to more vomiting.
 - After your infant goes 8 hours without vomiting, slowly reintroduce formula. Start with small amounts (1 – 2 ounces), offered often and slowly work up to your baby's normal feeding routine. You can also offer soft, bland foods such as bananas, cereals or crackers.
 - > **If your child is over 1 year old:**
 - Give clear liquids in small amounts (2 teaspoons – 2 tablespoons) every 15 minutes. Clear liquids include ice chips or sips of water, flavoured oral rehydration solution or frozen oral rehydration popsicles.
 - If your child vomits, give smaller amounts of fluid, every 15 minutes.
 - Once your child has stopped vomiting for 8 hours, offer bland foods such as crackers, mashed potatoes, rice or mild soups (noodles are okay).
 - If your child has not vomited for 24 hours, slowly resume your child's regular diet.

Note: Oral Rehydration Solutions

Oral rehydration solutions are exact mixtures of water, salts and sugar. They help replace lost fluids. These solutions can be absorbed even when your child is vomiting. They come in different flavours. You can buy a ready-to-use liquid, a powder that must be mixed with water, and frozen popsicles. Offer small amounts often, using a spoon or dropper for infants. Do not use oral rehydration solutions as the sole source of fluid for more than 12- 24 hours.

Sports drinks, such as Gatorade™, contain more sugar than a child needs and may make diarrhea, which often accompanies vomiting, worse.

If you have any questions about oral rehydration solutions, talk to your doctor.

- > Do **not** give your child any medicine unless your doctor suggests it.

Fever

Fever is very common in children. It is usually caused by an infection, but it may also be caused by some other illness.

Parents cannot tell how serious an illness is by how high the fever is. A child with a mild infection could have a very high fever, while a child with a very severe infection might have no fever at all. The way a child acts or behaves is a more important sign. **If you're worried by your child's behaviour, call your doctor.**

Check for fever by taking the child's temperature in the mouth, ear or under the arm. (See "How to Take a Temperature"). A child has a fever when the temperature is 38.5°C or higher.

When a child has a fever the following steps can help bring the fever down and make the child more comfortable:

- > To bring a child's fever down keep clothing light, such as a T-shirt and shorts or diaper, and keep room below 22° C.
- > If the child has a temperature of 38.5°C or higher, sponge baths with a washcloth soaked in cool, not cold, water can help reduce the fever. Check temperature every 4 hours.
- > Offer your child plenty of fluids to prevent dehydration. Acetaminophen or Ibuprofen may be given up to 5 times in 24 hours.

When to Call Your Doctor or 811



Call your doctor if your child:

- > has a fever and is less than 6 months old
- > has a fever for more than 72 hours
- > is excessively cranky, fussy or irritable
- > is unusually sleepy, listless or does not respond
- > has difficulty breathing
- > has a fever and a rash or any other signs of illness that concern you.

Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years.

Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.

How to Take a Temperature

There are 3 ways to take a temperature:

- 1 In the mouth 2 Under the armpit 3 In the ear**

The right method for children depends on the child's age. For older children and teenagers, use the adult method. Write the temperature down so you can tell the doctor.

The following chart will help you decide which method to use.

Age	Best Method	Second Best Method	Third Best Method
Birth to 2 years of age	Armpit	–	–
2 to 5 years of age	Ear	Armpit	–
5 years - Adult	Mouth	Ear	Armpit

Taking a temperature by mouth

- > Place the tip of thermometer under tongue and close mouth
- > Do not bite down on the thermometer
- > Do not let a child drink any hot or cold liquids for half an hour prior to taking a temperature

Taking a temperature in the armpit

- > Place the tip of the thermometer against the skin and hold the arm snugly against chest for 5 minutes or until the thermometer beeps.

Continued next page

Taking a temperature in the ear

Note: An ear thermometer may give a temperature reading that is lower than your child's actual temperature.

- > Use a clean probe tip each time and follow the manufacturer's instructions very carefully.
- > Gently tug on the ear, pulling it back and up. This will straighten the ear canal and make a clear path on the inside of the ear to the eardrum.
- > Gently insert the thermometer until the ear canal is fully sealed off.
- > Squeeze and hold the button down for one second.
- > Remove the thermometer and read the temperature.

Thermometers

There are several types of thermometer. Digital thermometers are made of unbreakable plastic and measure temperatures quickly. They display the temperature so it is easy to read.

If you have any questions when you buy a thermometer, ask the pharmacist, and always follow the manufacturer's instructions.

If you don't have a thermometer, you can tell if someone has a fever by touching his or her skin. If the person's skin is hot and dry, if they have the "chills", if their mouth and lips are dry or if their cheeks are flushed, they may have a fever.

What are febrile (fever) seizures?

A febrile seizure is a convulsion in a child caused by a rapid rise of body temperature. Most seizures occur within the first day of the child becoming sick and not always when the fever is the highest. Sometimes the seizure is the first sign of a fever in an infant or child.

Signs that your child may be having a febrile seizure**Your child may:**

- > experience sudden stiffness of the muscles of the face, arms or legs
- > have eyes roll back
- > cry or moan
- > fall if standing and may pass urine and/or stools
- > vomit or bite their tongue
- > stop breathing and may begin to turn blue
- > have jerky movements, moving arms and/or legs on both sides of the body
- > not respond to voice or touch

What to do if your child has a febrile seizure

- Stay calm.
- Leave the child on the floor (you may want to slip a blanket under the child if the floor is hard).
- Loosen tight clothing, especially around the neck.
- Move the child only if he or she is in a dangerous location.
- Turn the child on her or his side or stomach, to protect the head and to prevent choking if he or she vomits.
- Don't hold the child down.
- Don't force anything into the mouth as this increases the risk of injury.
- Observe closely and time the seizure, so you can tell the doctor what happened.

**Seek medical care**

- If the seizure lasts longer than 3 minutes or if a second seizure occurs, call 911 to have an ambulance take your child to the hospital.
- If your child stops breathing, call 911 to have an ambulance take your child to the hospital.
- If the seizure ends quickly, take your child to your family doctor or to the emergency department.
- A doctor should see children as soon as possible after their first febrile seizure or if there are repeated seizures during the same illness.

Preventing further febrile seizures

If your child has a history of febrile seizures and has a fever:

- Give your child acetaminophen at the first sign of fever (you may want to have acetaminophen suppositories on hand).
- Sponge or bathe your child in lukewarm water. You may want to apply cool washcloths to the forehead and neck.
- Offer your child cool drinks.



When the fever is gone and your child feels well enough to take part in activities, he or she can go to school or the child care centre.



[Section 3]

Sneezes & Diseases

Fact Sheets



Antibiotic-Resistant Bacteria

For diseases caused by bacteria, doctors may prescribe an antibiotic. Antibiotics kill most bacteria. Bacteria can become resistant to antibiotics. **Antibiotics will not kill bacteria that are resistant to them.**

Using antibiotics when they are not needed, for example, for colds and flu – that are caused by viruses – can lead to antibiotic resistance.

Using antibacterial hand soaps and antibacterial household cleaners can also lead to antibiotic resistance.

Remember, it is bacteria that become resistant to antibiotics, not you.

Even healthy people who have never taken an antibiotic can become infected with antibiotic resistant bacteria.

Antibiotic resistant bacteria are becoming more common.

Antibiotic resistant bacteria do not necessarily cause more serious infections than other bacteria.

For information about Methicillin-Resistant Staphylococcus aureus, see page 42.



What to Do at Home

- Use antibiotics wisely. If your doctor prescribes an antibiotic for your child, give all of the medicine, even if your child begins to feel better.
- Do not expect to get an antibiotic for every cold or sore throat. Most of these are caused by viruses. Antibiotics do not kill viruses.
- Let your doctor decide if an antibiotic is needed and which antibiotic is best.
- Be patient. Most viral illnesses will take 4-5 days before getting better and up to 3 weeks for a full recovery.
- Always wash your hands after being with someone who is sick. Remind others to wash their hands.

For more information about antibiotic resistance, visit the Do Bugs Need Drugs? website at:

www.dobugsneeddrugs.org

Chickenpox AND Shingles (Varicella)

Chickenpox, once a common infection in children, is now vaccine-preventable. It is caused by the **Varicella zoster virus**. Chickenpox begins with a fever, runny nose, cough and muscle ache. A day or two later, a rash appears on the body. The rash starts with itchy, red spots that soon turn into blisters filled with fluid. After a few days a hard cover or crust forms over each blister. Blisters that get infected will scar.

Children with chickenpox can get pneumonia or other serious complications. Necrotizing fasciitis (flesh-eating disease) is an uncommon but serious complication of chickenpox in young children.

Chickenpox can be very serious or even life-threatening to newborn babies, adults and anyone with immune system problems. Be sure to tell the family of a child with immune system problems immediately if there is a case of chickenpox at the school or child care centre.

Chickenpox and pregnancy

Chickenpox can be serious and is preventable. All adult women who have never had chickenpox disease should ask their care provider about the chickenpox vaccine.

There are risks of complications to mother and baby before, during and after pregnancy. If chickenpox happens early in pregnancy, there is a small chance the baby will develop serious birth defects.

A pregnant woman who is not immune to chickenpox should call her doctor right away if she thinks she has been exposed to the virus as Varicella zoster immune globulin (VZIG) may be offered to prevent or reduce complications of chickenpox. This shot must be received no later than 96 hours (4 days) after exposure.

Medication for people at high risk of complications

There is a medication for people with a high risk of complications, if they get chickenpox. It is for people over 13 years of age, children over one year of age with chronic skin or lung disorders and children on chronic aspirin treatment. It may also be used with pregnant women and those with immune system problems. This medication must be prescribed by a doctor and given within 24 hours after the rash develops. It is not recommended for healthy children who get chickenpox.

How is Chickenpox Spread?

The virus spreads easily through the air when an infected person breathes, coughs or sneezes. People can also catch chickenpox if they touch the fluid of a chickenpox blister, then touch the mucous membranes of their eyes or nose. It is difficult to stop the spread of chickenpox, because it spreads most easily a day or two before the rash appears. The only way to stop the spread of the virus is to stay away from an infected person. This is usually not possible within a family.

CHICKENPOX is a vaccine-preventable disease

Everyone who has not had chickenpox disease on or after 12 months of age is eligible to receive 2 doses of chickenpox vaccine.

Children are routinely offered vaccine at 12 months and 4 years of age. For children who get exposed and don't yet have immunity, getting the shot 3 -5 days after the first contact with chickenpox may minimize or prevent illness.



Continued next page



What to Do at Home

- If your child is exposed to chickenpox, watch for signs of it for 2 to 3 weeks. Even if your child has had the vaccine, there is a small chance that your child could still catch chickenpox. During this time, stay away from people with immune system problems and from hospitals (except in an emergency).
- If your child gets chickenpox, tell the child care centre or school.
- Children with chickenpox should be kept comfortable:
 - > give cool baths
 - > keep fingernails short and clean to prevent scratching
 - > keep hands clean
 - > put socks on child's hands at night to prevent scratching
 - > give child plenty to drink
- If anyone in the home has an immune system problem, talk to your doctor immediately.
- Other household members should check their immunity to chickenpox. Anyone 12 months or older who has not had chickenpox disease should get the chickenpox vaccine.



Children with chickenpox should not go to the child care centre or school for five days after the beginning of a rash or until blisters have crusted over. During this time keep the child away from others in the community as much as possible.



Shingles is a vaccine-preventable disease for adults

The shingles vaccine is recommended for people 60 years of age and older; however, anyone 50 years of age and older can get the vaccine. Only 1 dose is needed for protection. Speak to your pharmacist or doctor.

What is Shingles?

Shingles looks like chickenpox and is caused by the same virus. It usually appears on only one part of the body. Only people who have already had chickenpox can get shingles. You can catch chickenpox from someone with shingles through contact with the fluid from their blisters. You cannot get shingles from someone with chickenpox.



A person with shingles can attend the child care centre or school, as long as they feel well enough and the blisters are completely covered or have crusted over.

Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years.

Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.

Cold Sores (Herpes Simplex)

There are two types of the herpes simplex virus.

Herpes Simplex Type 1 usually causes an infection in or around the mouth, often called “cold sores” or “fever blisters”. Cold sores are most often spread by direct contact with a sore.

Herpes Simplex Type 2 usually causes an infection in, on or around the sex organs. It is spread by sexual contact.

How Are Cold Sores Spread?

Touching the sores or saliva from the mouth of someone with herpes simplex can spread the virus. Kissing can also spread the virus. People with herpes simplex can spread the virus even if they have no visible sores or symptoms.

Once people are infected with a herpes virus, they have it for life. Some people will get cold sores again and again, though the sores may be less severe as a person gets older.

The first time children are infected with herpes simplex, they may not feel ill. Some children do get very sick and may have a high fever, swollen glands and painful sores in or around the mouth. They can be sick for a week or more. The sores may hurt so much that the child can't eat or drink and will need medical care.



What to Do at the Centre or School

- Wash and sanitize mouthed toys, bottle nipples, sippy cups, spoons, etc.
- Do not share food, drinks or eating utensils among children and staff.
- Avoid kissing or nuzzling a child when a cold sore is present.



What to Do at Home

- Talk to your doctor about how to make your child comfortable.
- Teach children (and adults) not to touch the sores and to wash their hands frequently.
- Teach children not to suck their thumbs; they can spread the disease to their hands.
- Avoid putting your fingers in the child's mouth, when a cold sore is present.
- Avoid kissing or nuzzling a child when a cold sore is present.
- Wash and sanitize mouthed toys, bottle nipples, spoons, etc.
- Do not share food, drinks or eating utensils.
- Keep a child with cold sores away from newborn babies.



Children with a first attack of herpes simplex that causes drooling from the mouth should not go to the child care centre or school until the sore is crusted over

the Common Cold

Colds are caused by viruses. Kids can have as many as 8 or 10 colds each year. A child with a cold may have a high fever and may not feel like eating or playing. More often, children aren't very sick and have only a cough, runny nose and sneezing. Once in a while, a cold can lead to problems such as ear infection or pneumonia.

An antibiotic will not help with a cold. Colds are caused by viruses, not bacteria. A child with a cold can still play outside.

How Are Colds Spread?

Colds spread easily from person to person.

When a child with a cold coughs or sneezes or spits, the virus can spread up to a metre through the air to other people.

Cold viruses can be in the mucus or saliva and kids can spread it by touching each other, or by touching objects, such as toys or tables.

Cold viruses can live for hours on objects, such as toys or tables. If kids have virus on their hands and then touch an object, other children can get the virus by touching the same object and putting their hands into their eyes, mouths or noses.

As a cold gets better, it is normal to have a runny nose. At first, the mucus is clear. After a few days, the body's immune cells fight back and the mucus changes to white or yellow or green. This is normal and does not mean that the child is infected with bacteria. A cold usually lasts for 4 to 7 days.

Good hand washing practices are the best way to reduce the spread of cold viruses and are especially important during cold and influenza season.

Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years. Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.



What to Do at Home

- Wash your child's hands and your own hands after you wipe your child's nose. Wash your hands often and always before preparing or eating food.
- Make sure your child gets plenty of rest and lots of fluids to drink.
- Do not give over-the-counter cough and cold medicines to a child under 3 years of age, unless your doctor tells you to.**
- Use saline nose drops (a weak salt water solution) to soften the mucus in the nose and help your child breathe better. Do not use nose drops that contain drugs. Use a bulb syringe to clear mucus from the nose.



When to Call Your Doctor or 811

- More serious infections can start out as a cold. Call your doctor, if your child has **any** of these signs:
 - > earache
 - > a temperature of 38.5°C or higher **or** a fever and is less than 6 months of age
 - > has a fever for more than 72 hours
 - > rash
 - > very sleepy, listless or does not respond
 - > very cranky, fussy or cries more than usual
 - > fast breathing or has trouble breathing
 - > a cough that won't go away
 - > has any other signs of illness that concern you



Children with colds may go to the child care centre or school, if they feel well enough to take part in activities.

Croup

Croup is an infection of the throat and vocal cords and is caused by viruses. When children under 5 years of age have the infection, it is called **croup**. In older children, it is called **laryngitis**.

At first a child with croup seems to have a cold, but then develops a fever and cough. The lining of the throat and vocal cords are red and swollen. The child develops a weak, hoarse voice and a cough that sounds like a bark.

Sometimes the air passage is also swollen and children find it hard to breathe. The child's breathing may then be quick and noisy.

In most cases, croup sounds worse than it is. Symptoms often get worse at night. The child may be very tired and not interested in regular activities because it is harder to breathe. In a very bad case of croup, the child can't breathe. Some children get so sick they need to be treated in a hospital.

How is Croup Spread?

The viruses that cause croup are spread in droplets coughed or sneezed or breathed into the air. The viruses can be in the mucus or saliva and kids can spread them by touching each other or by touching objects, such as toys or tables. **The viruses can live for hours on objects.**

Frequent hand washing is the best way to reduce the spread of respiratory viruses and are especially important during cold and influenza season.

Croup is caused by viruses. Antibiotics, which work against bacteria, will not help with croup.

Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years.

Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.



What to Do at Home

- Wash your hands often when looking after a child with croup, to prevent the spread of infection.
- Give your child plenty of fluids to drink.
- You can help a child with croup breathe more easily:
 - > Use a **cool** mist humidifier in your child's room **OR**
 - > If it is cool outside, wrap your child in a warm blanket and take your child outside.
- Do not give over-the-counter cough and cold medicines to a child under 6 years of age, unless your doctor tells you to.**
- Use saline nose drops (a weak salt water solution) to soften the mucus in the nose and help your child breathe better. Do not use nose drops that contain drugs. Use a bulb syringe to clear mucus from the nose.



When to Call Your Doctor or 811

- Call your doctor immediately if the child has croup and **any** of the following:
 - > a temperature of 38.5°C or higher for more than 72 hours **or** has a fever and is less than 6 months of age
 - > has trouble breathing or is breathing very quickly
 - > is drooling saliva from the mouth and can't talk to you
 - > cannot swallow
 - > is uncomfortable lying down
 - > is unresponsive or listless
 - > has any other signs of illness that concern you
- If your doctor gives your child medicine, make sure you follow the directions carefully.



Children with mild croup can go to the child care centre or school, if they feel well enough to take part in activities.

Ear Infections

Ear infections are common in young children. Viruses cause most ear infections. Some ear infections are caused by bacteria and can be treated with antibiotics.

You can't catch an ear infection from someone else, but illnesses, such as coughs and colds that lead to ear infections, are catching.

Some children get ear infections more often than others.

Colds and ear infections have some of the same symptoms, such as a mild to high fever and loss of interest in eating or playing.

Ear infections also cause earaches. Older children can tell you if they have an earache. Young children and babies may just become cranky and fussy or cry more than usual. They may rub or pull their ears. Children may be crankier when they lie down.

Not every child with an ear infection will need an antibiotic. Doctors may treat children less than two years of age with antibiotics. For older children, the doctor may suggest antibiotics or medicine for pain relief. Usually the doctor will want to check the ears again to make sure the infection is gone.

Decongestants and antihistamines do not help ear infections.

Most ear infections are not serious.

In some children, fluid collects in the middle ear. The fluid may last for as long as three months but the child may not have a fever or even an earache. The child's hearing may be affected but, most children get better without any medical treatment. Others may need medicine or tubes in their ears to correct the hearing problem.

Hearing loss in young children may need to be treated to prevent speech and language delay.



What to Do at Home

- Call your doctor** if you think your child has an ear infection. Your doctor will need to look into your child's ears to see if they are infected.
- If your doctor prescribes medicine for an ear infection, it is important that the child take all of the medicine prescribed by the doctor.
- Do not give over-the-counter cough and cold medicines to a child under 6 years of age, unless your doctor tells you to.**



When to Call Your Doctor or 811

- Call the doctor if your child has **any** of the following:
 - > an earache that becomes worse, even though the doctor has treated it
 - > a temperature of 38.5°C or higher and is less than 6 months of age
 - > a temperature of 38.5°C or higher for more than 72 hours
 - > is very cranky or fussy or cries more than usual
 - > has trouble breathing, or breathes very quickly
 - > does not respond to quiet sounds
 - > is vomiting
 - > is very sleepy or listless
 - > has any other signs of illness that concern you



Children with ear infections may go to the child care centre or school if they feel well enough to take part in activities.

Fifth Disease (Parvovirus B19)

Fifth disease is caused by a virus. There is no medicine to stop or treat it.

Fifth disease can start with fever and muscle ache. Then, a week or so later a very red rash may appear on the cheeks. It looks like the child's face has been slapped. In 1 to 4 days, a red spotted rash may appear on the arms. The rash then spreads to rest of the body and may last from 1 to 3 weeks. The child may also have a fever.

Once the rash appears, fifth disease is no longer catching.

The illness is often very mild. Sometimes a child may not even feel sick. Adults usually get a worse case with fever and painful joints.

At least 50% of adults have had fifth disease as children and will not get it again.

Fifth disease may be more serious for some people. The following people should talk to their doctor if they get fifth disease:

- > people with immune system problems
- > children with sickle cell anemia or some other forms of anemia; it can make the anemia worse
- > pregnant women

Women who are or who may become pregnant can have a blood test to see if they are immune to fifth disease.

How is Fifth Disease Spread?

Fifth disease is spread:

- > **through droplets in the air, after someone with fifth disease has breathed, coughed or sneezed**
- > **by direct contact with the saliva of someone with fifth disease**
- > **by pregnant women to their developing babies**



What to Do at Home

- Watch your child for signs of fifth disease if another child in the school or centre has it.
- When looking after a child with fifth disease, wash your hands often during the day and before preparing or eating food.
- Call your doctor if you are pregnant and your child gets fifth disease or you are exposed to someone with fifth disease.



Children with fifth disease may go to the child care centre or school if they feel well enough to take part in activities.

Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years. Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.

Hand, Foot AND Mouth Disease

Hand, foot and mouth disease is caused by a virus. Anyone can get hand, foot and mouth disease but it is most common in children. It usually occurs in the summer and fall. Hand, foot and mouth disease is not usually serious but children may have the following signs:

- > fever
- > headache
- > sore throat
- > not interested in eating or playing
- > small, painful sores in the mouth
- > a skin rash

The rash looks like red spots with a small blister on top. The rash is usually on the hands and feet but can show up on other parts of the body.

Hand, foot and mouth disease is not the same as foot and mouth disease that affects animals.

There is no blood test for hand, foot and mouth disease and no medicine to treat it. It may be possible to get the disease more than once. There is no vaccine. There are no special tests or treatments for pregnant women in contact with someone with hand, foot and mouth disease.

Washing hands, especially after changing diapers or helping children go to the toilet, can help control the spread of hand, foot and mouth disease.

Clean and sanitize all common toys and surfaces.

How is Hand, Foot and Mouth Disease Spread?

Hand, foot and mouth disease can be spread in droplets coughed, sneezed or breathed into the air by someone with the disease or by contact with the feces of someone with the disease. It can also be spread by touching objects, such as toys or tables that have the virus on them, and then touching your eyes, nose or mouth.



What to Do at Home

- If another child has hand, foot and mouth disease, watch your child for signs of the disease.



When to Call Your Doctor or 811

- Call your doctor immediately if your child has **any** of the following signs:
 - > a temperature of 38.5 °C and is less than 6 months of age
 - > has a headache or sore throat
 - > is listless, not interested in playing with toys or is unusually sleepy
 - > has any other signs of illness that concern you
- Wash your hands and your child's hands carefully after you wipe your child's nose, change a diaper or use the toilet.
- Wash your hands often and always before and after preparing food.



Children with hand, foot and mouth disease may go to the child care centre or school if they feel well enough to take part in activities.

Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years. Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.

Impetigo

Impetigo is a skin infection that is common in children. It is caused by bacteria that get into scrapes or insect bites. The infection is most common in the summer.

Some people think children get impetigo because they don't wash properly. This is not true.

A child with impetigo has a skin rash that looks like a group of blisters or red bumps. There may be fluid oozing out of the blisters or they may be covered with a golden yellow crust. The rash is usually around the nose, mouth or parts of the skin that are not covered by clothes.

A doctor can tell if a child has impetigo. To find out which germ is causing the infection, the doctor needs to take a sample or swab from the rash. The infection can be treated with antibiotic cream or pill.

How is Impetigo Spread?

Impetigo is spread by direct contact with a sore or when someone touches the rash and then touches another person.

To stop the spread of impetigo it is important to wash hands after touching the rash. Antibiotics can also stop the spread of impetigo.



What to Do at Home

- Watch your child for signs of impetigo if another child has it.
- Call your doctor if you think your child has impetigo.
- Make sure everyone in the house washes their hands carefully with soap and warm running water after touching infected skin. Do not share facecloths or towels.
- It is important for the child to take all the antibiotic even after the rash has gone away.



If your child's health care provider has prescribed an antibiotic, your child should use the antibiotic for at least one full day (24 hours) before returning to the child care centre or school.

Influenza (Flu)

A virus causes influenza. Influenza usually happens in the winter and lasts from 2 to 7 days or longer. Influenza is a more serious illness than a cold.

Some signs of influenza are:

- > fever, cough
- > headache
- > body aches and pain
- > feeling weak
- > sneezing, coughing, stuffy nose
- > sore throat

Sometimes, young children may not want to eat because they have an upset stomach. They may vomit and have changes in their bowel movements. Children under five years may not have a fever.

The danger of influenza is that it makes the body weak and open to other infections such as pneumonia, a serious lung infection.

Antibiotics will not stop the influenza virus, but sometimes are needed, if the child develops another infection. Anyone can get flu, but some people are more likely than others to get a serious illness with the flu.

Influenza is usually most dangerous in very young children under 2 years of age; the elderly (65 years and older) and children and adults with chronic health conditions such as heart or kidney disease and asthma.

How is Influenza Spread?

Influenza is spread in droplets coughed or sneezed into the air by an infected person and can be spread by contact with things that a person with flu has touched or coughed or sneezed on.

Good hand washing habits can prevent the spread of influenza. Staff and children should wash their hands often, especially after coughing, sneezing or blowing their noses. Wash hands with soap and water or use an alcohol-based hand sanitizer.

INFLUENZA is a vaccine-preventable disease

Everyone should get a flu shot every year. In BC, flu vaccine is provided free to all children 6 – 59 months of age. Many people qualify for free flu vaccine such as those at high risk for serious illness, and people of all ages who will be in close contact of someone high risk. Talk to your health care provider to find out if you are eligible. If not, you can get one for a fee at your local pharmacy or the VCH travel clinic (604.736.9244). Some employers also provide free vaccine to their employees.



What to Do at Home

- Your child may need to stay at home and rest.
- Offer your child plenty of fluids to drink.
- Wash your hands and your child's hands after you wipe your child's nose. Make sure you wash your hands often and always before you prepare or eat food.
- Teach children to use a disposable tissue or to cover their mouths with a sleeve (not hands) when they sneeze or cough and to wash their hands after coughing or sneezing.
- Do not give over-the-counter cough and cold medicines to a child under 6 years of age, unless your doctor tells you to.**
- Make sure children between ages 6 – 59 months have their flu shot.
- Make sure your child gets pneumococcal vaccine as part of routine childhood immunizations.

Continued next page



When to Call Your Doctor or 811

- Call your doctor if your child has **any** of the following signs:
 - > has a temperature of 38.5°C or higher and is less than 6 months old
 - > is listless, not interested in playing or is unusually sleepy
 - > has trouble breathing, is wheezing or has chest pain when breathing
 - > coughs up bloody phlegm
 - > your child's throat is very sore
 - > drinks very little fluid and has not urinated at least every 6 hours when awake
 - > is vomiting for more than 4 hours or has severe diarrhea
 - > your child seems to get better and then gets worse after 2 or 3 days
 - > has any other signs of illness that concern you



Seek Medical Care

- Take your child to the emergency department immediately or call 911 if your child:
 - > has severe trouble breathing, is wheezing or has chest pain when breathing
 - > is limp or unable to move
 - > is listless, hard to wake up or does not respond
 - > has a stiff neck
 - > is confused
 - > has a seizure (convulsion)



Children with influenza may go to school or the child care centre when they feel well enough to take part in activities.

Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years. Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.

Measles

Measles is a disease caused by the measles virus. Measles can be a serious disease that can cause swelling of the brain, convulsions, deafness and brain damage. People with measles can also get pneumonia. Measles is much less common since routine immunization of children against measles began.

After someone catches the measles virus, it can take 8 – 12 days for signs of the disease to appear. The signs of measles are:

- > a temperature of 38.5 °C or higher, cough, runny nose and watery eyes
- > small, red spots in the mouth
- > a red rash that begins on the face and spreads all over the body

Young children may also develop diarrhea or an ear infection with measles.

Measles is catching 1 to 2 days before any signs appear and from 3 to 5 days before a rash appears. It remains catching until 4 days after a rash appears.

How is Measles Spread?

Measles spreads very quickly through contact with droplets coughed, sneezed or breathed into the air from someone with measles.

MEASLES is a vaccine-preventable disease

Measles vaccine is provided free to healthy children, aged one year and older, as part of routine immunization. It is given in a shot that also includes vaccine against mumps and rubella (MMR). Children under one year of age may get the vaccine if there is an outbreak of measles or if they are to travel to an area where measles is common. If the vaccine is received prior to one year of age, the dose will need to be repeated.

Measles vaccine is also provided to older children and to adults born after 1970 who have not been immunized. Two doses of a measles containing vaccine are recommended.

Measles can be prevented in unimmunized people who are exposed to measles, if they receive the vaccine within 72 hours.

Measles is a reportable disease in British Columbia: If there is a case of measles in a child or adult in the child care centre or school, immediately report the case to the Licensing Officer or Public Health Nurse assigned to your centre or school.

Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years. Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.

What to Do at Home

- If another child has measles and your child has not had the measles vaccine, a measles shot, given as soon as possible and not later than 72 hours after exposure, may prevent the disease.
- If your child gets measles, tell the caregivers at the child care centre or school.
- Talk to your doctor** or Public Health Nurse if you have any questions about measles.



Children with measles should not go to the child care centre or school until at least four days after the appearance of a rash and only when they can take part in activities

If there is a case of measles in a school or child care centre, all children and adults who have not had measles disease or measles vaccine should stay away from the child care centre or school, unless they receive measles vaccine within 72 hours of last exposure to a case of measles or until the Medical Health Officer says it is safe for them to return.

Meningitis (Bacterial)

Bacterial meningitis is a serious infection of the lining of the brain. It can be caused by many different bacteria. The disease can occur as a single case or as an outbreak in a number of people. Bacterial meningitis can cause permanent health problems or death.

Most people with the disease will feel very ill and have a fever. Young children may just be sleepy, fussy or cry more than usual. Some people may later develop a bad headache, stiff neck or a rash and may have an upset stomach and vomiting.

To find out if someone has bacterial meningitis a doctor uses a needle to take some fluid from around the spinal cord. The fluid is tested to see if the infection is caused by bacteria or by a virus.

How is Bacterial Meningitis Spread?

Bacterial meningitis is spread by direct contact with fluid from the nose or throat of an infected person. This can happen when people kiss or share food, drinks, baby bottles, soothers, sippy cups, cigarettes, lipstick, water bottles, mouth guards used for sports, mouthpieces of musical instruments or anything else they put in their mouths.

People who are in direct contact with the saliva of a person infected with some types of bacterial meningitis may be at increased risk.

Prevention for People at Risk

If there is a case of bacterial meningitis in a child care centre or school, the Medical Health Officer will tell you who is at risk, who should receive antibiotics to prevent them from getting sick, and who should receive meningitis vaccine. Public health will provide the antibiotics or vaccine.

BACTERIAL MENINGITIS is a vaccine-preventable disease

Vaccine against some types of bacterial Meningitis is offered as part of routine childhood immunizations. Additional vaccines to protect against some very rare types of bacterial meningitis are available to purchase. Other types cannot be prevented by a vaccine.



Bacterial meningitis is a reportable disease in British

Columbia: If there is a case of bacterial meningitis in a child or adult in the child care centre or school, immediately report the case to the Licensing Officer or Public Health Nurse assigned to your centre or school.



What to Do at Home

- If you think your child has been in contact with someone ill with bacterial meningitis, call your doctor or your local Community Health Centre.



When to Call Your Doctor or 811

- Call your doctor if your child has been in contact with someone ill with bacterial meningitis and has any of the following signs:
 - > a temperature of 38.5 °C or higher
 - > a headache
 - > an upset stomach, vomiting
 - > unusually sleepy
 - > other signs of illness that concern you

Seek Medical Care

- Take your child to the emergency department or call 911 if your child:
 - > is limp or unable to move
 - > is listless, hard to wake up or does not respond
 - > has a stiff neck
 - > is confused

Meningitis (Viral)

Viral meningitis is a serious infection of the lining of the brain. It is caused by a number of common viruses but most people infected by these viruses do not get viral meningitis. Viral meningitis is not common.

When one person gets the disease, spread to others and outbreaks are rare. It is not necessary to keep a person with viral meningitis away from others.

Some signs of viral meningitis are:

- > fever
- > headache
- > a stiff and painful neck, especially when you try to touch your chin to your chest
- > upset stomach, vomiting, poor appetite
- > trouble staying awake
- > rash

To find out if someone has viral meningitis, a doctor uses a needle to take some fluid from around the spinal cord. The fluid is tested to see if a virus or bacteria caused the disease.

Children may feel very sick and may be hospitalized. Children usually get better in about one or two weeks. There are usually not any long-term health problems after viral meningitis.

How is viral meningitis spread?

Viruses that can cause viral meningitis are spread through contact with bowel movements, saliva or discharge from the nose of an infected person. Most people who are in contact with someone with viral meningitis will not catch meningitis themselves.

Viral meningitis is a reportable disease in British Columbia: If there is a case of viral meningitis in a child or adult in the child care centre or school, immediately report the case to the Licensing Officer or Public Health Nurse assigned to your centre or school.

Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years. Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.



What to Do at Home

- If your child has been in contact with someone with viral meningitis, watch your child for signs of the disease.



When to Call Your Doctor or 811

- Talk to your doctor if your child has been in contact with someone with viral meningitis and gets any of the following signs:
 - > temperature of 38.5 °C or higher with a headache
 - > neck pain or stiffness
 - > upset stomach, vomiting
 - > poor appetite
 - > tiredness
 - > rash
- Make sure your child washes their hands carefully after using the toilet, and covers their nose and mouth with a tissue, or a sleeve (not a hand), when they sneeze or cough.
- Wash your hands and your child's hands carefully after changing the diaper of a child with viral meningitis.



A child with viral meningitis may go to school or the child care centre if they feel well enough to take part in activities.

Methicillin-Resistant Staphylococcus aureus (MRSA)

Staphylococcus aureus (Staph) is a common germ that is found on the skin and in the noses of many healthy people.

About 30% of people will have the germ in their noses at any given time. Most often it does not cause a problem. When it does cause an infection, it is usually minor and can be treated without an antibiotic. Staph infections usually affect the skin and can cause pimples, boils and infections in cuts. Rarely, it may lead to a more serious infection of the blood or lungs.

Methicillin-Resistant Staphylococcus aureus (MRSA) is a Staph germ that has become resistant to many antibiotics, including Methicillin, a type of penicillin. This means that Methicillin and some other antibiotics do not get rid of MRSA infections. However, there are other groups of antibiotics that do work against MRSA. MRSA is increasingly common in most communities.

Community Associated MRSA (CA-MRSA) is a specific type of MRSA that used to be seen mostly in the community, but is now found in both hospitals and in communities. It most often starts as a skin infection (pimples, bumps that look like spider bites or boils) that will not get better.

A child with a Staph or MRSA infection may have the following signs:

- > red, painful bumps under the skin (boils or abscesses)
- > blisters filled with fluid or red skin with a honey-coloured crust
- > a cut that is swollen, hot and filled with pus
- > a wound that looks and feels like a spider bite, but isn't
- > red, warm firm skin area that is painful and getting bigger
- > fever and chills

How are Staph and MRSA Spread?

Staph and MRSA are spread by skin-to-skin contact with someone who has Staph or MRSA or by contact with a surface that has Staph or MRSA on it.

Regular hand washing is the best way to prevent the spread of Staph or MRSA. Wash hands with soap and warm water or use an alcohol-based hand sanitizer.

Practice good hygiene, bathe regularly and cover your cough. Keep cuts and scrapes clean and covered until healed and take good care of the skin.



What to Do at Home

- If you think your child may have a Staph infection or an MRSA infection, call your doctor. Your doctor will decide what treatment is needed. Sometimes the doctor will treat Staph infections by draining the sores. Most MRSA infections do not require antibiotics. Your doctor may take a swab of the infection and send it to a laboratory for diagnosis.
- If your doctor prescribes an antibiotic, make sure your child takes it exactly as directed and takes all of the antibiotic, even if the infection is getting better.
- If the infection is not getting better after a few days, call your doctor.
- When taking care of a child with a Staph or MRSA infection, wash your hands often and always before preparing or eating food.
- Don't share personal items such as towels, hairbrushes or sports equipment.



A child with a Staph or MRSA infection may go to the child care centre or school, as long as the infection is not draining or is covered by a dry dressing. They should avoid physical activity or sports that involve skin-to-skin contact until the infection is healed. You do not need to tell anyone that your child has MRSA; this is personal information.

Molluscum contagiosum

Molluscum contagiosum is caused by a virus that affects the top layers of the skin. It is found throughout the world but it is more common in places with warm, humid climates.

The symptoms may appear two weeks after someone catches the virus but may take as long as six months.

At first, an infected person will have tiny, painless bumps on the skin. After many weeks, the bumps grow to be firm, pinkish-white, raised and doughnut-shaped.

In children, the bumps often appear on the face, body, legs and arms. The infection can be spread to the genital area by scratching. In adults, the bumps can be found anywhere on the body.

This infection is most common in children under ten years of age, but anyone can catch it. It can be severe in people with an immune system problem.

How is Molluscum contagiosum Spread?

Molluscum contagiosum is spread by skin-to-skin contact or by touching objects that have the virus on them, such as towels. It also spreads when someone scratches the bumps and then scratches another part of the body.

A doctor can examine the skin to find out if a child has Molluscum contagiosum. The bumps usually go away without treatment in two to six months. In some cases, they may last for years. A doctor may prescribe medicine to stop the bumps from spreading.



What to Do at Home

- If another child has Molluscum contagiosum, watch your child for signs of Molluscum contagiosum.
- Call your doctor** if you think your child has Molluscum contagiosum.
- Make sure everyone in the house washes his or her hands carefully with soap and water after touching infected skin.
- Do not share facecloths or towels.
- Tell your child not to scratch the bumps and if possible, use bandages to cover them up.
- Watch for new bumps or bumps that seem to be spreading or not getting any better.
- Watch the bumps for signs of infection such as redness, swelling, pus-like drainage or increased pain.



A child with Molluscum contagiosum may go to the child care centre or school.

Mononucleosis ('Mono')

Mononucleosis is caused by the Epstein-Barr virus.

It is catching. After someone catches the virus, it usually takes 4-6 weeks for the signs to appear. There is a blood test that helps the doctor tell if someone has mononucleosis.

Children with mononucleosis may have these symptoms:

- > swollen glands
- > fever that may come and go
- > sore throat
- > very tired — sleeping more than usual
- > not interested in eating or playing
- > body aches
- > a rash on chest, back, hands and feet
- > a sore stomach
- > a yellowing of the skin and eyes

How is Mononucleosis Spread?

The virus that causes mononucleosis is found in the saliva of an infected person's mouth. It spreads from person to person through droplets or by contact. When someone with mononucleosis kisses, coughs, sneezes or spits, the virus can spread to other people. People with mononucleosis may have saliva on their hands. Then, if they touch someone or something the virus can spread.

Most people do not get sick after they come into contact with the virus, but they develop antibodies to the disease. 90% of people have antibodies to the mononucleosis virus by their late teen years. There is no need to keep healthy people away from someone with mononucleosis. Don't touch the tissues, washcloths or towels that belong to someone with mononucleosis.



What to Do at Home

- If another child has mononucleosis, watch your child for signs of the disease.
- Talk to your doctor** if your child has any of the signs of mononucleosis.
- To reduce the spread of infection:
 - > Wash hands well and often
 - > Give children their own toothbrushes, cups and eating utensils, facecloths and towels
 - > Teach children to cover their mouths with a tissue or a sleeve (not a hand), when they sneeze or cough



Children with mononucleosis may not feel well enough to go to school or the child care centre for some time, but may return when they feel well enough to take part in activities.

Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years. Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.

Mumps

Mumps is a disease caused by the mumps virus. Mumps can be a serious disease that can sometimes cause damage to the brain, deafness and other complications.

After someone catches the mumps virus, it can take 2 to 3 weeks for signs to appear. The common signs of mumps are:

- > swollen glands in front and below the ears or under the jaw (usually)
- > fever
- > headache
- > earache

How is Mumps Spread?

Mumps is spread through contact with droplets coughed, sneezed or breathed into the air by someone with mumps virus or by contact with the saliva of someone with mumps. Mumps is catching from 7 days before the glands swell until 9 days after they begin to swell. Mumps is most catching from 1 to 2 days before the glands swell until 4 to 5 days after.

Mumps is much less common since routine immunization of children against mumps began.

MUMPS is a vaccine-preventable disease

Mumps vaccine is provided free to healthy children, aged one year and older, as part of routine immunization. It is given in a shot that also includes vaccine against measles and rubella (MMR). MMR vaccine is also provided free to older children and adults, born after 1970, who have not had mumps disease or mumps vaccine. Two doses of a mumps vaccine are recommended for best protection.



Mumps is a reportable disease in British Columbia: If there is a case of mumps in a child or adult in the child care centre or school, immediately report the case to the Licensing Officer or Public Health Nurse assigned to your centre or school.



What to Do at Home

- Make sure your child has the MMR vaccine when it is offered as part of routine immunization.
- If another child has mumps and your child has not had the MMR vaccine, ask your doctor or Public Health Nurse to give your child the vaccine.
- If another child has mumps and your child has not had the MMR vaccine, watch for signs of mumps in your child.
- If your child gets mumps, tell the caregivers at the child care centre or school.



Children with mumps should not return to the child care centre or school until nine days after their glands begin to swell and only if they feel well enough to take part in activities, unless otherwise directed by the Medical Health Officer.

Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years. Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.

Norovirus

Norovirus is a virus that causes vomiting and diarrhea in all ages. Outbreaks are common in child care centres and schools.

After someone is exposed to norovirus, it takes a day or two for the signs to appear. The child may have an upset stomach and start vomiting, often followed by diarrhea. Other signs include cramping, chills or mild fever. The illness usually begins suddenly and lasts for one to three days. Complications and severe illness are rare.

It is important to drink plenty of fluids to prevent dehydration.

There is no medicine to treat norovirus. People get better on their own within a few days.

How is Norovirus Spread?

Norovirus can be spread if people with the virus do not wash their hands after going to the toilet or if someone with the illness handles food and drinks and has not washed their hands.

Norovirus can be spread to the environment, including sink, taps, counters and toys. People can become ill when they touch these surfaces and put their hands in their mouths.

The virus is found in the vomit and diarrhea of people who are sick. When a child vomits or has diarrhea, those nearby may be exposed to the virus through tiny droplets in the air.

The key to prevent or stop norovirus from spreading is frequent hand washing and cleaning of the environment.



What to Do at the Child Care Centre or School

- If a child is sick while at the centre or school, place the child in a separate room or away from other children.
- If three or more people are ill with vomiting or diarrhea within a short time, report this to your local Community Health Centre.
- If you have to clean up vomit or diarrhea refer to the Guidelines for Cleaning Spills of Blood and Body Fluids on page 14.



What to Do at Home

- If another child at the centre or school has diarrhea or vomiting, watch your child for signs of illness.
- If your child becomes ill and is vomiting or has diarrhea, offer your child plenty of fluids to drink.
- Wash your hands and your child's hands well using soap and warm water after using the toilet, after diaper changes and cleaning up after your child.
- Watch your child for signs of dehydration.



When to Call Your Doctor or 811

- Call your doctor right away if you think your child may be dehydrated or has any other signs of illness that concern you



Children and staff who are sick with vomiting and diarrhea should stay at home until 2 days after their symptoms go away. Even when diarrhea and vomiting have stopped, the virus can still be in the bowel movements.

Signs of Dehydration



- > decreased urination (fewer than 4 wet diapers in 24 hours)
- > increased thirst
- > no tears
- > dry skin, mouth and tongue
- > fast heart beat
- > sunken eyes
- > greyish skin
- > sunken soft spot on baby's head

For more suggestions on "What to Do at Home", see: *Facts About Diarrhea*, page 20 and *Facts About Vomiting*, page 22.

Pertussis (Whooping Cough)

Pertussis (whooping cough) is caused by bacteria. The infection usually starts with a runny nose and cough. Children with whooping cough don't usually have a fever. Soon the cough worsens. The child may need to take a big breath and may make a "whoop" sound. The attack of coughing may last so long that the child becomes blue in the face and may vomit. It takes a long time for children to get over whooping cough; they may be sick for 6 to 10 weeks.

Infants and younger children with whooping cough are at high risk of complications, such as seizures, pneumonia, or dehydration. In infants, whooping cough can even be life-threatening.

It usually takes 7 to 10 days to get sick with whooping cough after coming into contact with someone who has it, but may take as long as 21 days.

Prevention and Treatment

Whooping cough can be treated with antibiotics; antibiotics help a person recover, if taken very early in the illness. If taken later, antibiotics can help prevent the spread of bacteria that cause whooping cough.

People who are in close contact with someone with whooping cough and who are at high risk can also take antibiotics.

People at high risk from whooping cough include infants less than 1 year of age and pregnant women in the last 3 months of pregnancy. To protect those at high risk, all household and child care centre contacts of a case of whooping cough receive antibiotics, if there is a child less than 1 year of age or a pregnant woman in the last 3 months of pregnancy in the household or the child care centre.

How is Whooping Cough Spread?

Whooping cough is spread in droplets coughed, sneezed or breathed into the air by someone with whooping cough or by direct contact with the fluids from the nose and throat of someone with whooping cough.

People with whooping cough spread the disease from the time they get the infection until three weeks after coughing starts. Infants who have not been immunized may be infectious for up to 6 weeks after the cough begins.

WHOOPING COUGH is a vaccine-preventable disease

Children who are immunized against pertussis (whooping cough) usually do not get the disease. Pertussis vaccine is offered as part of routine immunizations in BC.



Whooping cough is a reportable disease in British Columbia: The child care centre or school must report a case of whooping cough to the local Community Health Centre.



What to Do at Home

- If another child has whooping cough, check that your child has had all their pertussis shots.
- If your child has not had pertussis vaccine, call your local Community Health Centre or doctor to arrange for the shots.
- Call your doctor if you think your child has whooping cough.
- If your child has whooping cough, tell the child care centre or school.
- When taking care of a child with whooping cough, wash your hands often and always before preparing and eating food.
- Do not give over-the-counter cough and cold medicines to a child under 6 years of age, unless your doctor tells you to.**
- If your doctor prescribes medicine for your child or for others in the household, make sure they take all the medicine, even if they begin to feel better.



Children with whooping cough should not return to the child care centre or school until 5 days after they begin treatment with antibiotics and only when they feel well enough to take part in activities.

Pinkeye (Conjunctivitis)

Pinkeye is an infection of the thin tissue the eyeball and the inside of the eyelid. A virus usually causes pinkeye but it can also be caused by bacteria.

Children with pinkeye often say their eyes hurt or itch.

The whites of the eyes turn pink or red and there may be a lot of tears or pus in the eyes. The pus often makes the eyelids stick together when the child wakes up.

How is Pinkeye Spread?

Pinkeye spreads easily when:

- > **a child touches the discharge from the eye and then touches another child**
- > **a child touches the discharge from another child and then touches his or her own eye**
- > **an adult wipes an infected child's eyes and then touches an eye**

Too much rubbing or allergies may also cause the whites of the eyes to turn red and feel sore. There may be lots of tears but there will be no pus. These kinds of eye problems are not catching. A doctor will be able to tell the difference.

Not all cases of pinkeye need antibiotics. Children with pinkeye should see a doctor to see if the pinkeye is caused by bacteria and if an antibiotic is needed.



What to Do at Home

- If another child has pinkeye watch your child for signs of pinkeye.
- Talk to your doctor** if your child has pinkeye. It is not easy to tell if pinkeye is caused by a virus or by bacteria. The doctor may prescribe an antibiotic for your child.
- Wash your own and your child's hands carefully after touching or wiping the child's eyes, nose or mouth.
- Do not let your child share facecloths or towels with anyone. This could spread the infection.
- Clean objects commonly touched by the child's hands or face, such as pillowcases, cuddle blankets and toys.
- Try not to rub or touch the infected eye. A cloth dipped in warm water can be used to gently remove any discharge.



When your child has pinkeye, your health care provider can tell you if your child can return to school or child care centre, or should stay home. If your child's health care provider has prescribed antibiotic drops or ointment, your child should use the antibiotic for a full day (24 hours) before returning to the child care centre or school.

Pneumonia

Pneumonia is a lung infection that can be caused by viruses or bacteria. People are at higher risk after having a cold or flu. These illnesses make it hard for your lungs to fight infection, so it's easier to get pneumonia. Having a chronic disease like asthma, heart disease, cancer, or diabetes also puts people at higher risk. Pneumococcal infection caused by *Streptococcus pneumoniae* is a bacterium that can cause serious and life-threatening illness of the brain (meningitis), blood (septicemia), or lungs (pneumonia).

Some signs of pneumonia are:

- > fever and chills
- > fast difficult breathing
- > chest pain that worsens when breathing in
- > cough
- > tiredness, listlessness, loss of appetite

How is Pneumonia spread?

Pneumonia is spread from person to person by coughing, sneezing or having close face-to-face contact. It can also be spread through saliva. This can occur through activities such as kissing or sharing food, drinks, cigarettes, lipsticks, water bottles, mouth guards used for sports, or mouthpieces of musical instruments.

Bacterial Pneumonia is a vaccine-preventable disease

In BC, vaccine against some types of bacterial pneumonia is offered as part of routine childhood immunizations and also provided free to people who are at high risk of illness. Speak to your health care provider about your eligibility and needs for the vaccine. Other types of pneumonia cannot be prevented



Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years.

Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.

What to Do at Home

- Call your doctor** if you think your child has pneumonia.
- Your doctor may prescribe antibiotics to treat pneumonia caused by bacteria. Use all the medicine the doctor prescribes, even if your child begins to feel better.
- To prevent the spread of the germs that cause pneumonia, wash your child's hands and your hands, after wiping their nose and before preparing or eating food.
- Teach children to cover their mouths with a tissue or a sleeve (not a hand), when they sneeze or cough and to wash their hands after each use. Throw used tissues into the garbage.
- Sanitize surfaces often that are touched by hands, such as toys, tables, doorknobs.
- Ensure that children ages 6 – 59 months of age receive their influenza shot, to prevent influenza and the pneumonia that can happen with influenza.
- Ensure that infants receive pneumococcal vaccine as part of their routine immunizations to prevent pneumonias caused by some bacteria.
- Do not give over-the-counter cough and cold medicines to a child under 6 years of age, unless your doctor tells you to.**



Children with pneumonia may go to the child care centre or school when they feel well enough to take part in activities.

Roseola

Roseola is a common infection in children ages 6 to 24 months. Roseola is caused by a virus. Children younger than 4 months or older than 4 years don't usually get roseola. Most children are not very sick with roseola.

Roseola starts with a fever. After 3 to 5 days, the fever goes down and a rash appears on the child's face or body. The rash is made up of small, red dots that last for a day or two.

There can be high fever that causes febrile (fever) seizures or convulsions in some children.

It is hard to know if a child has roseola until the rash appears. A doctor can tell if the child's fever is caused by roseola or some more serious infection.

How is Roseola Spread?

Roseola is not very infectious. We are not sure how it spreads from person to person. Children with roseola get better without treatment and usually have no further problems.

What to Do at Home

- If another child has roseola, watch your child for signs of roseola.
- Call your doctor** if your child has a temperature of 38.5 °C or higher or a febrile (fever) seizure.
- To bring a child's fever down, keep clothing light, such as a T-shirt and shorts or diaper.
- If your child has a temperature of 38.5 °C or higher, sponge baths with a washcloth soaked in cool, not cold, water can help reduce the fever.
- Offer your child plenty of fluids to drink.

For more information about how to look after a child with a fever, see "Facts About Fever" on page 24.

- When taking care of a child with roseola, wash your hands often and always before preparing and eating food.
- Tell caregivers that your child has roseola.

Children with roseola may return to the child care centre or school when the fever and rash are gone and they feel well enough to take part in activities.



Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years.

Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.

Rotavirus

Rotavirus is the most common cause of severe diarrhea in children 6 months to 2 years of age. Almost all children have had a rotavirus infection by the time they are 5 years of age. Some adults in contact with an infected child can catch the virus but may not have symptoms. Children who have been infected once can get infected again. In Canada, rotavirus infections are more common in the winter months. Outbreaks in child care centres are common. As more children get immunized the rates of rotavirus will go down.

After someone is exposed to the virus it takes 1 to 3 days for signs to appear. The virus can remain in the stools for up to 21 days after the signs began.

Some signs of rotavirus infection are:

- > fever (usually the first sign)
- > vomiting
- > diarrhea for 4 to 8 days
- > stomach ache
- > dehydration

There is no medicine or direct treatment for a rotavirus infection. It is important to drink plenty of fluids to prevent dehydration. Some children with dehydration may need to be treated in hospital.

How is Rotavirus Spread?

Rotavirus is spread if an infected person does not wash their hands after going to the toilet. Dirty hands can easily spread rotavirus by touching people, food, drinks, and objects such as sinks, taps, counters, toys, and other things in the environment.

That's why frequent hand washing, cleaning of the environment, and getting infants vaccinated are the keys to prevention.

ROTAVIRUS is a vaccine-preventable disease

Rotavirus vaccine is provided free to healthy babies at 2 and 4 months of age as part of routine immunization. The vaccine is given by mouth. A few drops of liquid vaccine will be placed into a baby's mouth to swallow. The vaccine prevents about 3 out of 4 cases of rotavirus disease and almost all severe cases, including hospitalizations. Rotavirus vaccine is not recommended for babies older than 8 months of age.



What to Do at Home

- If another child has rotavirus, watch your child for signs of rotavirus infection.
- If your child becomes ill with rotavirus, watch for signs of dehydration:

Signs of Dehydration



- > decreased urination (fewer than 4 wet diapers in 24 hours)
- > increased thirst
- > no tears
- > dry skin, mouth and tongue
- > fast heart beat
- > sunken eyes
- > greyish skin
- > sunken soft spot on baby's head



When to Call Your Doctor or 811

- Call your doctor right away if you think your child may be dehydrated.
- Wash your hands and your child's hands after changing a diaper or using the toilet and before preparing or eating food.



Children and staff at the child care centre or school, who are sick with vomiting or diarrhea, should stay at home until 2 days after their symptoms go away.

For more suggestions on "What to Do at Home", please refer to "Facts About Diarrhea page 20 and Facts About Vomiting, page 22.

Rubella (German Measles)

Rubella is a disease caused by the rubella virus. Rubella is a mild disease in children but can be more serious in teenagers and adults. Rubella is much less common since routine immunization of children against rubella began.

Rubella during pregnancy can result in miscarriage, death of the fetus or severe abnormalities in the baby (congenital rubella syndrome).

After someone catches rubella it can take from 2 to 3 weeks for signs of the disease to appear. Some children with rubella will have no signs of rubella.

The signs of rubella are:

- > a red or pink rash that begins on the face and spreads down the body
- > swollen glands behind the ears
- > slight fever
- > pain in the joints

Rubella usually lasts about 3 days.

How is Rubella Spread?

Rubella is spread by contact with droplets coughed, sneezed, or breathed into the air by someone with rubella or by contact with the saliva or discharge from the nose of someone with rubella.

Rubella is catching for seven days before the rash appears and for up to 7 days after the rash first appears.

RUBELLA is a vaccine-preventable disease

Rubella vaccine is provided free to healthy children, aged one year and older, as part of routine immunization. It is given in a shot that also includes vaccine against mumps and measles (MMR). MMR vaccine is also provided to older children and adults who have not had rubella or rubella vaccine.

Rubella is a reportable disease in British Columbia: If there is a case of rubella in a child or adult in the child care centre or school, immediately report the case to the Licensing Officer or Public Health Nurse assigned to your centre or school.

Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years. Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.



What to Do at Home

- Make sure your child has the MMR vaccine when it is offered as part of routine vaccination.
- If another child has rubella and your child has not had the MMR vaccine, ask your doctor or Public Health Nurse to give your child the vaccine.
- If your child gets rubella, tell the caregivers at the child care centre or school.
- Talk to your doctor** or Public Health Nurse, if you have any questions about rubella.
- Wash your hands often when looking after a child with rubella and always before preparing and eating food.



Children with rubella should not go to the child care centre or school until at least seven days after the rash appears and only when they feel well enough to take part in activities.

Children who have been in contact with someone with rubella and who have not been immunized against rubella, should not go to the child care centre or school until they are immunized or until the Medical Health Officer says it is safe for them to return.



Streptococcal Infections

Streptococcal infections are common in young children. They are caused by streptococcal bacteria.

These bacteria cause:

- > strep throat (streptococcal sore throat)
- > scarlet fever
- > skin infections, such as impetigo (see page 36)
- > tonsillitis

How is Streptococcal Infection Spread?

People can get a streptococcal infection, if they touch or kiss the hands or face of someone or if they share dishes or cups with someone who has streptococcal infection.

Streptococcal bacteria are in the saliva of an infected person.

Streptococcal bacteria are spread in infected droplets produced when the infected person coughs, sneezes or talks.

“Strep” Throat

Children with strep throat may have some or all of these signs:

- > a very sore throat
- > a temperature of 38.5°C or higher
- > headache and stomach ache
- > swollen tender glands in the neck
- > vomiting
- > swollen tonsils (tonsillitis)
- > pain when swallowing
- > sores around the nose
- > loss of appetite

Children younger than 3 years with streptococcal infection rarely have a sore throat. They may have a discharge from the nose, bad breath, fever, irritability and loss of appetite.

A child can get strep throat more than once. A doctor can find out if a child has strep throat by taking a swab from the throat and testing it.

Usually the doctor will treat the infection with an antibiotic such as penicillin. The child should feel better in a day or two after starting the antibiotic but should take all the medicine so that the infection does not come back. The antibiotic will also stop streptococcal bacteria from spreading to others.

If strep throat is not treated it can become a more serious disease called rheumatic fever.

Tonsillitis

Streptococcus can cause the tonsils at the back of the throat to become red and swollen. For these cases of tonsillitis a doctor will prescribe antibiotics.

If the tonsillitis has been caused by a virus, the doctor will not prescribe antibiotics. Viral tonsillitis usually lasts for 4 to 10 days.

Scarlet Fever

Scarlet fever is also a streptococcal infection. It is much like strep throat except for two unusual signs:

The child with scarlet fever often has a whitish, furry looking tongue that later becomes strawberry-red in colour. Then a red rash that feels like sandpaper appears all over the body. This rash is caused by a poison that is made by the streptococcal bacteria. After 3-7 days, the rash fades and the skin peels.

A child will usually get scarlet fever only once, because the body becomes immune. Now that antibiotics are used to treat streptococcal infections, scarlet fever is not a common disease. It is found most often in children between the ages of 8 to 10, but can occur at any age. Doctors usually prescribe antibiotics and lots of rest.

Continued next page



What to Do at Home

- If your child has been in contact with someone with a streptococcal infection, watch your child for signs of infection.
- Wash your hands often when looking after a child with a streptococcal infection.
- Wash your hands before you prepare or eat any food.
- Teach children to wash their hands often.
- Teach children to cover their mouths with a tissue or their sleeve (not their hand), when they cough or sneeze.



When to Call Your Doctor or 811

- Talk to your doctor if your child has a sore throat with other signs, such as a temperature of 38.5°C or higher, vomiting or a rash.
- Make sure your child takes all the antibiotic the doctor prescribes so that the streptococcal bacteria are completely killed. Otherwise, the infection may come back.



Children with a streptococcal infection should not return to the child care centre or school until they have completed 24 hours of antibiotic treatment and only when they feel well enough to take part in regular activities.

Acetaminophen (Tylenol™, Tempra™) or ibuprofen (Advil™, Motrin™) may help reduce a fever and provide some comfort. Always follow the directions on the package about how much and how often to take acetaminophen or ibuprofen.

Never give products containing ASA (acetylsalicylic acid, such as Aspirin™) to anyone under the age of 20 years. Use of ASA products by children can lead to Reye's syndrome, a serious condition affecting the brain and liver.

Thrush AND Candida Diaper Rash (Yeast Infection)

Candida is a type of yeast infection. It lives in the intestines of people without causing illness.

When it infects the mouth, it is called thrush. Thrush is common in young children. They may get it after taking antibiotics for another illness. Children who use a steroid inhaler for asthma or hay fever may also get thrush.

Thrush may appear as a rash in the mouth or on the skin. The child will have a whitish-grey coating on the insides of the cheeks and on the gums. The coating is not easy to wipe off and, if you rub too hard, the mouth may start to bleed. In bad cases, the mouth may be so sore that it hurts to suck. Most children with thrush do not have any pain and do not develop other problems.

Candida diaper rash is usually found in the deepest folds of the bum. The rash is very red with an edge or border around it. There are often small red spots close to the large areas. Candida infections can be cured with medicines prescribed by a doctor. Candida diaper rash is treated with a cream or ointment that is spread on the rash.

Keep all prepared bottles and nipples in refrigerator to decrease likelihood of yeast growth.

Do not reuse a bottle more than an hour after the baby has drunk from it because yeast may have had time to grow on the nipple. Change your baby's diaper soon after it is wet. A wet diaper provides a good area for yeast to grow.



What to Do at Home

- Talk to your doctor, if you think your child has a candida infection.
- If your doctor prescribes medicine, follow the directions carefully.

Your doctor will probably suggest the following steps:

Thrush

- While breast feeding your baby, use a cream prescribed by the doctor for your nipples. Continue nursing the baby.
- Keep prepared bottles and nipples in the fridge.
- Do not reuse prepared bottles more than 1 hour after the baby has first drunk from it. Rinse bottle nipples in cool water to remove milk. Then wash in hot, soapy water, rinse and air dry. Once a day boil bottle nipples and pacifiers for five minutes or wash in the hot cycle of a dishwasher.

Please note: Frequent boiling or dishwasher cleaning may cause bottle nipples and pacifiers to break down. Throw away nipples and pacifiers that become cracked, damaged or "sticky".
- Wash your hands often while caring for a baby with thrush.

Candida Diaper Rash

- Change the child's diaper soon after it is wet. Wash the child's diaper area with mild soap and warm water, rinse with clean water and dry. Spread the cream or ointment, prescribed by the doctor, on the rash.
- Wash your child's hands and your own hands after diaper changes.



Children with thrush or candida diaper rash may go to school or the child care centre, if they feel well enough to take part in activities.

[Section 4]

Infestations

Fact Sheets



4



Bed Bugs

Bed bugs are small, brownish insects that feed on the blood of people, other mammals and birds. Young bed bugs are very tiny and hard to see. They grow up to be adults that have the size and shape of an apple seed.

Bed bugs lay tiny, whitish eggs that are very small and hard to see. Bed bugs do not spread human disease.

Bed bugs hide close to where you sleep, sit or rest. They like to hide in dark out of the way places.

Bed bugs come out of their hiding spots to feed. They usually come out at night to feed when people are sleeping. They feed on exposed skin for about 10 minutes and then they return to a hiding spot.

Some people get an itchy swelling from a bed bug bite and some people do not react at all.

If you do not have any reaction, a bed bug infestation can go unnoticed, because they are often well hidden during the day. Unnoticed infestations can result in bed bugs spreading within a building or neighbourhood.

Bed bugs are becoming more common so it is a good idea to get in the habit of checking for them every time you make the bed. Check in mattress folds and behind corner guards for tiny black specks of bed bug poop which can point the way to bed bug hiding spots. Also check near baseboards in the bedroom and on couches and soft chairs where you would tend to sit a lot.

How are Bed Bugs Spread?

Bed bugs hitch rides to get into your home. Bed bugs can be brought in on items like backpacks, purses, furniture, clothing or luggage.

How are Bed Bugs Controlled?

Bed bugs are difficult to deal with and should be treated by a certified pest control technician. If you live in a multiple unit building, it is very important that bed bugs be reported to the building manager. Without proper treatment, infestations can spread throughout a building.

For more information on bed bugs and bed bug control refer to the VCH website: http://www.vch.ca/your_environment/pest_management/bed-bugs/



What to Do at Home

For bed bug bites:

- Resist the urge to scratch. If children scratch the bites too much, they may become infected.
- Wash the bite areas with soap and water to reduce the risk of infection.
- Apply an ice pack to relieve swelling.
- See your doctor** if a bite becomes infected or if you have an allergic reaction to a bed bug bite.

Head Lice

Head lice are tiny insects that live on the scalp. They are about the size of a sesame seed. They lay eggs, called nits. Nits stick to the hair, very close to the scalp. **Head lice do not spread disease.** Children with head lice may have itchy scalps and scratch their heads.

How are Head Lice Spread?

Head lice can be spread through direct head-to-head contact with a person who has lice. They can also be spread by sharing combs, hats, hairbrushes and headphones.

How to Find Out If Your Child Has Head Lice

Where to Look

- > close to the scalp
- > behind the ears
- > back of the neck
- > top of the head

What to Look For

- > child scratching the head
- > adult lice (sometimes difficult to see because they are very small)
- > eggs - also called nits (easier to see than adult lice)

Note: nits are firmly attached to the hair, close to the scalp. They are greyish-white and oval in shape and may look like dandruff but cannot be brushed off

How to Check

- > shampoo the hair and rinse
- > put on enough hair conditioner to cover the whole scalp
- > use a wide-toothed comb to untangle the hair if necessary
- > have your child lean over the sink
- > use a fine-toothed comb to search for lice and nits
- > comb the hair from the back of the head to the front
- > after each stroke, wipe the comb on a paper towel and look for lice

How to Treat

If you find any **lice or nits**, you will have to **treat**:

You can treat head lice, using the “wet-combing” method, using hair conditioner as noted above, or you can use a head lice shampoo, available at drug stores.

Ask your Public Health Nurse or Licensing Officer for a pamphlet that explains how to treat using the “wet-combing” method or refer to the BC Health File on Head Lice available at:

www.bchealthguide.org/healthfiles/hfile06.stm



What to Do at Home

- If another child has head lice, check your child's hair for nits immediately. It's a good idea to check children once a week for head lice.
- If **anyone** in your family has head lice, **treat everyone living in the home on the same day and do the following things on the same day:**
 - > Clean brushes and combs with very hot water. Everyone should use their own brush or comb.
 - > Wash hats, pillow cases and stuffed animals in hot water. Use a hot dryer, if possible.
- Encourage children not to share hats, brushes, combs, headphones, etc.
- Let the child care centre or school know, if your child has head lice.



Children with head lice should begin treatment before they return to the child care centre or school.

It is not necessary to do a lot of house cleaning, as the lice do not live long once they are off the scalp.

Pinworms

Pinworms are tiny, white worms that live in the large intestine. They look like pieces of white thread. They come out of the anus (bum) at night and lay their eggs on nearby skin. The worms may be seen with a flashlight as crawling threads around the bum after the child has been asleep for about an hour. Pinworms are common among preschool and school-age children. Usually children with pinworms have no symptoms but may be very itchy around the bum and vagina.

Pinworms are not a disease but they can make a child uncomfortable.

How are Pinworms Spread?

Pinworms spread easily when:

- > **a person with pinworms scratches the itchy area and gets eggs on the fingers and under the fingernails. Then the infection can be spread by touching someone else.**
- > **someone picks up pinworm eggs from an infected person's clothes, pajamas, sheets, etc. These eggs can live for many weeks outside the body.**

A doctor can do a simple test to check for pinworms. Pinworms can be treated with medicine.

A child can get pinworms again by coming into contact with pinworm eggs. To stop the spread of pinworms, all caregivers and children may need to be treated.



What to Do at Home

- Watch your child for signs of pinworms if another child has them.
- Watch for scratching of the bum.
- Talk to your doctor** about treatment if your child has pinworms.
- Make sure all household members wash their hands carefully after going to the toilet or changing diapers.
- Make sure they also wash their hands before preparing or eating food.
- Change underwear, nighties, pajamas and bed sheets often to get rid of any eggs.
- Bathe your child in the morning to remove any eggs that were laid around the bum during the night.
- Tell the caregivers at the centre if your child has pinworms.



Children with pinworms may go to the child care centre or school.

Ringworm

Ringworm is a skin infection that is caused by a fungus. A child with ringworm has a rash that is usually itchy and flaky. The rash may be shaped like a ring with a raised edge. Ringworm may affect the body, feet or scalp.

If the scalp is infected, ringworm can cause a bald area. If the feet are infected, they are usually itchy and the skin between the toes may crack. Ringworm of the feet is commonly called, “athlete’s foot”.

Ringworm can be cured with medicines taken by mouth or with creams that are spread on the infected area.

How is Ringworm Spread?

Ringworm spreads from person to person by touch. When someone touches or scratches the rash, the fungus sticks to the fingers or gets under the fingernails. The fungus then spreads when that person touches someone else.

Ringworm of the scalp can be spread if combs, hair brushes, barrettes, bike helmets, headphones or hats are shared.



What To Do at Home

- If another child has ringworm, check your child for signs of ringworm. Look for a ring or circle-shaped rash on your child’s head, body or feet.
- Call your doctor** if you think your child has ringworm.
- Remind children to wash their hands after touching the infected skin.
- Encourage children not to share combs, brushes and headgear; don’t share facecloths and towels.
- Wash the affected area daily and keep it dry and clean.
- To prevent ringworm coming back, use the medicine or cream for as long as your doctor suggests. Do not stop treatment just because the rash disappears.
- Be aware that pets can have ringworm and can spread it to other animals and to people.



Children with ringworm may go to the child care centre or school.

Scabies

Scabies is caused by a tiny mite. Scabies is not an infection, but it may itch and be sore. If children scratch the rash too much, it may become infected. Scabies is common in children. Some people think children get scabies because they don't wash properly. This is not true.

The mites that cause scabies dig into the skin. This causes a very itchy rash that looks like white threads, tiny red bumps or scratches. The rash can appear anywhere on the body, but is usually found between the fingers or around the wrists and elbows. Babies can get the rash on their heads, face, neck and body.

Mites can live on clothing and other objects for four days. If the clothes or other objects are not touched for four days, the mites will die. Mites can also be killed by washing clothes and personal items in a regular wash cycle and drying in a dryer. Items that cannot be washed can be dry cleaned or sealed in a plastic bag for 7 days or put in a hot dryer for 20 minutes to kill the mites.

How is Scabies Spread?

Scabies is spread from person to person by:

- > touching someone with scabies
- > touching the clothes, facecloths, towels, sheets, pillows or other personal items of someone with scabies

Treatment

Scabies can be treated. A doctor will suggest which treatment to use.

It is important to check with a doctor before children less than one year of age or pregnant women start treatment.

A child may still be itchy for a few weeks after the treatment has got rid of the scabies. The rash should start to improve in a few days.

A general clean-up and vacuuming is enough to clean the child care centre.

Outbreak Notification: If there is more than one case of scabies in a child care centre or school, notify the Licensing Officer or Public Health Nurse.



What to Do at Home

- If another child has scabies watch your child closely for signs of scabies.
- Talk to your doctor** if you think your child has scabies.
- If your child has scabies everyone in your household should be treated.
- When treating scabies follow the instructions on the bottle carefully.
- Wash your child's bed sheets, pillow cases, stuffed animals, facecloths, towels and clothes in regular wash cycle in hot water. Dry in a dryer.
- A general clean-up and vacuuming is enough to clean your house.
- Make sure that you tell caregivers at the centre or school, if your child has scabies.



Children with scabies should be treated before they return to school or the child care centre.

Resources

For more information to help you and your family stay healthy, refer to the **BC Health Guide** at: www.bchealthguide.org

For information about specific diseases and conditions, you can consult the **BC Health Files** at: www.bchealthguide.org/healthfiles/index.stm

You can find more information about children's health topics at the **Caring for Kids** website of the Canadian Paediatric Society at: www.caringforkids.cps.ca/index.htm

For information about the wise use of antibiotics, refer to the **Do Bugs Need Drugs?** website at: www.dobugsneeddrugs.org

For information about how to care for yourself and your family during flu season or during an influenza pandemic, refer to **Look after yourself: How to care for yourself and the people you care about** at: www.vch.ca/pandemic/docs/Look_after_yourself.pdf

To learn more about immunizations we recommend reading:

1. **Immunization: An Important Choice for Child** available at www.vch.ca.
2. **Your Child's Best Shot, A Parent's Guide to Vaccination** available at Canadian Paediatric Society at: <https://bookstore.cps.ca/stock/details/your-childs-best-shot-a-parents-guide-to-vaccination-3rd-edition> (note: new edition expected December 2014)
3. Immunizebc website: www.immunizebc.ca

VCH hand washing posters are available for download:

How to Wash your Hands: www.vch.ca/flu/docs/Hand_Washing.pdf

How to Use a Hand Sanitizer: www.vch.ca/flu/docs/Hand_Sanitizing.pdf

A **Cover Your Cough Poster** is available at: www.vch.ca/flu/docs/Cover_Your_Cough.pdf

If you have any questions about "**Sneezes & Diseases**", contact VCH Communicable Disease Control at 604.675.3900

