



## The Lee Wiggins Childcare Centre MANAGEMENT OF OUTBREAKS POLICY AND PROCEDURE

### **Policy Statement**

The Lee Wiggins Childcare Centre (LWCC) is committed to providing a safe and healthy environment for children, families and employees. The LWCC will take every reasonable precaution to prevent the risk of infectious diseases within the Centre.

### **Purpose**

To ensure that all employees are aware of and adhere to the directive established by Toronto Public Health (TPH) regarding the management and control of outbreaks at the LWCC.

This policy applies to all employees, students, and any others persons engaged in business with the LWCC.

### **Definition**

An outbreak in a childcare centre is defined by TPH as anytime that the number of children/staff members absent due to illness exceeds what would normally be expected for a certain time period; therefore, it is essential that the following procedures are followed to help control and eliminate an outbreak.

### **Procedures**

#### ***Identifying an Outbreak***

To determine when an outbreak exists, the Coordinator must:

- Review tracking sheets, communication books or daily logs.
- Identify similar symptoms of illness in children/employees.
- Check recent child/employee absenteeism records.
- Review and eliminate other possible reasons for symptoms (i.e., new medications or diet changes).

For example, if you have two people or more with the same symptoms, same room, and same day; call TPH to consult.

#### ***Reporting a Suspected Outbreak***

Call TPH, Communicable Diseases Surveillance Unit (CDSU) at 416-392-7411. Please have the following information ready when you call:

- Date and time of the first case.
- Date and time of the most recent case.
- Total number of children and employees per room.
- Total number of ill children and employees per room.
- Signs or complaints of symptoms of illness and the numbers of cases (i.e., diarrhea, vomiting, fever).
- The control measures that have been implemented to date.

TPH can then provide you with an Outbreak Line-Listing Form to help collect and track this information.



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TPH will review this information and determine whether an outbreak must be declared. When an outbreak is declared, you will receive an Outbreak Number that must be written on all outbreak documentation (i.e., line list, stool kit submission form).

Please note that you can always call the CDSU for any guidance or advice.

### ***Control of Reported Outbreaks***

Once the outbreak has been reported, the LWCC is responsible for:

- Following all TPH recommendations and requirements.
- Providing TPH with the necessary information pertaining to children and employees.
- Facilitating the collection of stool specimens (after obtaining consent from parents).
- Immediately report changes associated with the outbreak, and provide updated information on a daily basis using the TPH Outbreak Line List.
- Communicating necessary information to the families/guardians of children attending the centre. TPH will provide a letter for parents/guardians once an outbreak has been declared.
- Communicating necessary information to District Operations Consultants, Asset Management Unit, Program Advisors, Resource Consultants, Quality Assurance, the Staffing unit and other planned visitors to the Centre.

### ***Containing the Outbreak***

In order to prevent potential infectious disease transmission, it is important to limit the location of employees and children throughout the Centre during an outbreak.

### **Documentation**

#### ***1. Establish a Case Definition Outline***

TPH will establish a case definition in order to define who is included in the outbreak investigation. The case definition must capture information about the person, place and time, i.e., the date of the onset of symptoms of the first case, the symptoms experienced and the room affected.

The case definition helps TPH professionals understand the outbreak and determine possible causes. As investigations proceed, case definitions may be changed to reflect symptoms exhibited by those affected. The case definition should be established in consultation with TPH.

#### ***2. Establish a Line List***

A line list helps monitor the number of new cases that occur each day, and helps TPH evaluate the extent of the outbreak. There must be a separate list for children and employee, so please use the following to help establish and maintain your line lists:

- Line lists must be updated daily and forwarded to TPH by noon each day or at a mutually agreed time.
- Provide an updated line list even if there are no new cases.
- Advise TPH of any hospitalizations or deaths of line-listed cases of employees or children.
- Encourage older children to report any outbreak-related symptoms to employees.



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### **3. Investigating a possible source of an outbreak**

TPH often conducts childcare centre inspections to ensure proper infection control measures are instituted to reduce the risk of any communicable disease transmission.

### **4. Stool Sampling**

Specimen sampling may be required if there is a high proportion of ill children and/or employees, or if the symptoms are severe. Sampling will occur at the discretion of TPH in consultation with the Coordinator; instructions will be provided to employees at the time of investigation. Consent from parents is required prior to sampling being submitted to the Central Public Health Laboratory for testing, TPH will provide guidance for each case on how they will obtain consent. TPH will contact the parent/guardian directly to provide them with results from the lab testing.

### **Initial and Additional Control Measures**

- Review and reinforce hand hygiene policies with employees, children and visitors.
- Ensure all rooms have sufficient supplies of gloves and hand sanitizer.
- During an outbreak, or if suspecting an outbreak, ensure the Bleach Solution disinfectant is used as the primary source of disinfection, as the contact time for disinfecting is one minute.
- Increase the frequency of cleaning and disinfecting, especially on common, high touch surfaces and toys.
- Suspend communal activities such as sensory play or baking activities.
- Review toileting and diapering routines, including the proper use of gloves.
- Remove washable fabric toys.
- Ensure that change tables are disinfected after each use, and toddler's/preschooler's hands are washed regularly.
- Visits by outside groups, such as entertainers, tours etc., are not permitted.
- New admissions can continue if the parent/guardians are aware of the outbreak and understand potential risks.

### **Communication**

The Coordinator must communicate to all employees, students, parents and visitors what control measures have been implemented as a result of the Outbreak Management consult with TPH. The Coordinator shall post a communication at entrances and write in the message book. The Coordinator is responsible for ensuring that the measures are agreed upon and enforced.

Ill children and employees are to be excluded from the Centre, and as a minimum should only return to the Centre when they have been symptom-free of vomiting and/or diarrhea for 48 hours (or if other disease specific criteria has been met such as two negative stool samples taken 24 hours apart).

Children who become ill while at the Centre shall be isolated from the other children until a parent or guardian can take them home, please refer to the Exclusion of Sick Children Policy.



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### **Declaring the Outbreak Over**

The outbreak will be declared over when the Centre is clear of new cases that meet the case definition for the period of communicability of the causative agent plus the incubation period. TPH will inform when the outbreak is declared over.

Where no organism is isolated, the length of time an outbreak is declared over will be established by TPH.

### **Policy and Procedure Review**

This policy and procedure will be reviewed and signed off by all employees and students prior to commencing employment/unpaid placement at the LWCC and annually thereafter and at any time where a change is made.

Reference(s): Toronto Public Health Guidance Document 2017

Date Approved: January 2017

Effective Date: January 2017

Next Review Date: January 2018