The Latest from Child Care Licensing

Fall 2012 Edition

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A Message from the Regional Manager, Community Care Licensing

I am very pleased to offer you this fall offering of the Child Care Licensing newsletter. As many of you don't know me, I would like to begin with a short introduction.

Earlier this year, Sharlene Lively left Community Care Licensing and moved to another Public Health role in Northern Health. In June 2012, I took over the Regional Manager position working out of the Prince George licensing office. I am a Registered Nurse with a lengthy background managing Home and Community Care services in both the community sector and licensed residential facilities. While I have big shoes to fill, I am delighted to have this opportunity to work with an amazing group of people within Public Health Protection.

In this newsletter, I would like to draw your attention to articles about some of the more common childhood illnesses. As we move into the cooler winter months and cold season arrives, it is helpful to know that some illnesses such as Influenza and Fifth disease may initially resemble the common cold. Head Lice and Hand, Foot and Mouth disease may be more prevalent in settings where groups of children gather together. Knowing what to watch for and how to respond will help you decrease the spread to others. And, on that same topic, if two or more children or staff members have similar symptoms, please don't hesitate to contact your licensing officer. They will help you determine if an incident report is required and, if needed, can point you to other resources that will support you. I would also like to take this time to welcome Kelli Sumner to our team. Kelli joins us in the new position of Residential Licensing Officer which is a regional role based out of Prince George. She is a Registered Nurse with a background in acute care, paediatrics and palliative care and, if you've been around Prince George awhile, you may remember her as a licensing officer in the 1990's. While she won't be involved directly with child care facilities, we are looking forward to tapping into Kelli's pediatric expertise as a resource.

I hope you enjoy this latest edition of the newsletter; if you have any comments or suggestions for future articles, we would welcome your ideas.

Sincerely, Valerie Waymark **Regional Licensing Manager**

INFLUENZA SEASON

As you know, it is almost "influenza season"; In the last Influenza Newsletter, Northern Health stated that influenza season typically occurs between November and April each year. Influenza is a contagious respiratory disease caused by a virus. Influenza symptoms can include a fever, headache, muscle pain, a runny nose, sore throat, and cough. Although colds and various other viruses may cause similar symptoms, influenza weakens a person much more than other viruses. Influenza viruses spread easily through sneezing, coughing, and contact with infected people.

The steps you can take to decrease the chances of children/ adults getting influenza are practicing and teaching good hygiene and getting your influenza vaccine. The influenza vaccine is safe, effective and has very minimal, if any, side effects. The vaccine is free and is highly recommended. This year, the eligibility for free vaccinations has been expanded to include children that are between 6 months and 59 months of age and their families and caregivers.

Washing your hands properly is the single best way to prevent the spread of germs from one person to another. Wash hands thoroughly with soap and warm water for at least 15-20 seconds and dry well.

Some other tips to keep you healthy:

- Avoid touching your eyes, nose and mouth
- Eat a healthy, well balanced meals
- Get enough sleep •
- Sneeze/cough into your sleeve...if you use a tissue remember to throw it in the garbage and wash your hands
- Remember to stay home if you are sick...return to work or school once your normal energy level returns

For more information on influenza and clinic times and dates, please go to www.northernhealth.ca, www.healthlinkbc.ca or www.immunizebc.ca.

You can also speak with a registered nurse by calling HealthLink BC at 8-1-1.





Fifth	Disease (Erythema Infectiosum)
What is it?	Fifth disease is caused by a virus, human parvovirus B19. It is sometimes called "slapped cheek" disease because of the appearance
	 of the rash. Signs and symptoms of fifth disease may include: Flu-like symptoms (e.g., runny nose, sore throat, mild body weakness and joint pain, fever) may be present about 7 days before onset of rash Raised, red rash that first appears on child's cheeks The lace-like rash spreads to the rest of the body after 1 – 4 days, first on torso and arms, and then on to the rest of the child's body After the rash fades, it may continue to re-appear for 1 – 3 weeks when child is exposed to sunlight or heat (e.g., bathing). At least 50% of adults had fifth disease as a child and won't get it again.
How is it spread?	 Adults who do develop fifth disease may experience fever and joint pain. Through direct and indirect contact with the virus: Touching the hands of someone who is infected with the virus and is in the contagious period Touching something that has been touched by someone who is infected with the virus and is in the contagious period Breathing in air contaminated with the virus after an infected person has coughed or sneezed. Fifth disease can be transmitted from a pregnant woman to
Incubation period	her unborn baby. The baby can get severe anemia that leads to congestive heart failure. Usually 4 – 20 days from contact with infected person
When is the person contagious?	Usually for 7 – 10 days before onset of rash Once the rash appears, the child can no longer pass it on to anyone else.
How to prevent spread of the illness to other children.	Child may go to school or child care if they are feeling well enough to take part in the activities. Encourage pregnant women working at the school or child care facility who are contacts of an infected child to contact their primary health care provider to determine whether or not they are immune to fifth disease.
	For more information, refer to <u>Routine Practices.</u> Handwashing is the best way to stop the spread of infections.



We would like to introduce you to two exciting new resources. First, the Canadian Physical Activity and Sedentary Behaviour Guidelines. These guidelines, developed by the Canadian Society for Exercise Physiology (CESP) are a new resource that shows you how you can be physically active every day and at any age. Secondly, fans of the Food Flair activity cards will appreciate the new Hop Activity cards. Hop cards are a great resource to have in your facility to promote healthy child development and physical activity. Watch for information on the Canadian Physical Activity Guidelines and Hop Activity Cards at your next routine inspection.



Hand, foot, and mouth disease is caused by a coxsackie virus. It occurs mainly in the summer and early fall and is most common in children under 10 years of age.
Signs and symptoms of hand, foot, and mouth disease usually start suddenly and may include: Fever Sore throat Headache Small painful blisters inside the mouth on tongue and gums (last 4 to 6 days)
 to 6 days) ➢ Blisters may appear on the palms of child's hands, on their fingers, and on the soles of their feet for 7 to 10 days It is possible to have the infection and not have any symptoms.
 Direct and indirect contact with nose and throat secretions and stool of an infected person Breathing in air contaminated with the virus after an infected person has coughed or sneezed Touching the nose and throat secretions of an infected person and then touching own eyes, nose, or mouth Touching infected child's stool (e.g., assisting with toileting, changing a diaper) Touching objects (e.g., toys, tables, taps, door handles) contaminated with the virus Spreads very easily in child care facilities and where children are close together.
Usually 3 – 6 days from contact with an infected person
During the stage of acute illness, usually for about 7 – 10 days. The virus can be found in stool for 4 weeks after start of illness.
 Child can attend school or child care if the child feels well enough to take part in activities. Carefully dispose of (or clean, if applicable) articles soiled by discharge from an infected child's nose and throat or stool. Clean and disinfect all common toys and surfaces. Clean and disinfect diaper change area after each diaper change. For more information, refer to <u>Routine Practices.</u>

Recent Amendments to the Child Care Licensing Regulation

The Community Care and Assisted Living Act (CCALA) section 19 Repayment Agreements has been in place for many years and states that the refund provisions apply to 'designated facilities'. This entitles a person paying in advance, to a written statement informing them about the refund policies of the facility and whether all or part of their prepayment will be refunded.

In order to promote greater transparency and clarification, the regulations will now specify the type of care licensed under CCALA to which these requirements apply. If you have any questions about this, please don't hesitate to contact your licensing officer.

For more information:

Community Care Licensing

http://www.northernhealth.ca/YourHealth/CommunityCareLicensing.aspx

BC Health Files

http://www.healthlinkbc.ca/servicesresources/healthlinkbcfiles/index.html

Injury Prevention

http://phsa.mediasite.com/mediasite/Viewer/?peid=2ba9f2efc8d3457eb53bc243b1650eaf1d

Recalls

http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/index-eng.php