



Health and Safety Manual

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Glenora Child Care Society's Health and Safety Policy

The Program's Approach to Maintaining a Safe and Healthy Environment

Glenora Child Care Society staff and management provide a safe, secure, and healthy environment for children, staff and visitors.

1. Medications and Herbal Remedies Administration

a. Authorization

Glenora Childcare will administer both prescription and non-prescription medications to children, in accordance with licensing regulations.

Families are required to provide the following:

- Written authorization (see short term and Emergency medication forms), including the name of the medication, the amount and times any medications need to be administered, including any dose given prior to coming to the center.
- The written authorization must be witnessed and signed by a staff *after* they ensure that the medication record form is complete.
- Medications must be in the original container, clearly labeled with the child's name, name of the medication, dosage, the date of expiry instructions for storage and administration of the medication.
- The medication must be administered according to the labeled directions.

When a medication form is filled out the following steps will occur:

- **Short term medications:**
- When a child requires a short-term medication, the parent, in conjunction with the room staff, must fill out a short-term Medication Form.
- One copy of the signed medication form will be kept accessible to the staff in the child's classroom and one copy will be stored in the Medication binder in the Program Directors office for the duration of the medication being administered. Upon completion of the administration of the medication the Program Director will file the completed form in the child's file.
- **Emergency medications:**
- When a child requires an emergency medication, the parent, in conjunction with the room staff, must fill out the Emergency Medication Form. The Emergency Medication Form includes the child's name, medication, where medication is stored and how to administer the medication.

- Each staff in the child's classroom reviews and signs the document. Additionally, each emergency medication has an accompanying 'First Aid Plan' that outlines emergency procedures to follow in case of illness.
- The staff member who witnessed the form will enter the expiry date of the medication on a calendar in the classroom.
- One copy of the signed medication form will be kept with the medication in the emergency backpack and one copy will be stored in the Medication Binder in the Program Directors office for the duration of the medication being administered. Upon completion of the administration of the medication the Program Director will file the completed form in the child's file.
- Parents will receive notification of an upcoming expiry date 1 month prior to the emergency medication expiring to ensure ample time to see a Doctor determine if the medication is still required, refill a prescription and to budget for the costs associated with the prescription. This notification will also serve as a reminder that until a new medication is provided along with an updated consent form, or written notification indicating the medication is no longer required, that child care services will be suspended.
- Upon expiry, medications will be labelled expired and sent home with the parent
- Staff will not administer expired medication.

b) Storage

Short term medications will be stored in a locked container out of reach from the children. A locked box is provided for both refrigerated and non-refrigerated medications.

Emergency medications that may be needed in an emergency are stored in First Aid back backs in the classrooms, out of the reach of children. **(Daycare programs 12 mos-6 yrs.)**

*Emergency medication must be taken on walks or on fieldtrips.

Medication that may be needed in an emergency is stored in the child's personal backpack in the medication bins in the kitchen, out of the reach of children. **(Out of School program 6 yrs-12yrs.)** *Emergency medication must be taken on walks or on fieldtrips.

c) Administering medication

When administering any medication staff must do the following:

- Wash hands using the "hand washing procedure" (page 10)
- Follow the five rights:
Right Medication: When administering medication staff must check the medication three times, first when you take the medication out of the lock box, second when you take the medication out of the container and third before you administer the medication.
Right Amount: use an accurately marked measuring container
Right Time: it is important when medication is given. Some are to be given before meals, others after. Follow the directions on the label.

Right Child: make sure the child getting the medication is the one whose name is on the label

Right Method: read the directions carefully and give the medication correctly by mouth; by inhalation etc...¹

- The staff who has administered the medications must record the name of the medication, the time of administration, the amount administered and initial document as per the Child Care Licensing Act Child Care Licensing Regulation.
- Please note: non-prescription medication will not be administered for any longer than three consecutive days without a doctor's note.
- When medication is not in use, we require parents to remove it from our locked boxes and take it home. We cannot store medication on site.

b. Observing child after administering medication

Staff must observe children carefully for allergic reaction after receiving medication or herbal remedies.

Symptoms of an allergic reaction to a medication can include the following:

- anaphylactic shock, which is a very severe reaction that can lead to death
- Increased anxiety
- hives, which are multiple small, itchy, swollen areas on the skin
- palpitations, which are an unusual awareness of the heart beating within the chest
- shortness of breath
- skin rash
- swelling of one or more parts of the body
- wheezing²

If any of the symptoms appear the child's guardian will be notified immediately and staff may have to perform first aid and or an ambulance may be called.

2. Administering Additional Health Care to Children.

All Staff responsible for a child who requires health care (additional to giving medication) are trained in the proper method of administering the type of health care required by the child. Documentation of the training will be kept in both the staff and child's files.

According to Child Care licensing regulations a licence holder may provide or allow for the provision of health care to a child only if the written consent of the child's parent has been obtained or the health care provided is in the nature of first aid.

¹ Canadian Red Cross, Child Care First Aid, pg 29-30.

² Alberta Health Services Website www.capitalhealth.ca

3. Cross-Contamination Policy and Procedures for Communicable diseases.

Where a staff member knows, or has reason to believe that a child may be suffering from a disease listed in Schedule 1 (see attached) to the *Communicable Disease Regulation* (AR 238/85), the license holder must ensure that the child's parent removes the child from the program premises forthwith as per the Child Care Licensing Regulations.

If a child is suspected of having a communicable illness, a guardian will be contacted to pick the child up immediately; a doctor's note may be required clearing them for return to the centre. As some illnesses are more contagious than others, Glenora Childcare will follow the guidelines set out by Alberta Health Services when deciding if a child can remain in care while being treated for a communicable illness.

The following are definite indicators that a child must be excluded from the child care centre as per Alberta Health Services:

- **Symptoms and signs of possible severe illness.** Such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing. Child must be excluded until symptoms are resolved or assessed by a physician.
- **Temperature** between 38-39 degrees Celsius (100-101 degrees Fahrenheit) in conjunction with a secondary symptom. The centre uses an ear thermometer as advised by Alberta Health Services when taking a child's temperature. If the child is sent home with a fever for two consecutive days the child needs a physician note to return to the centre.
- **Temperature** over 38 degrees Celsius (100.4 degrees Fahrenheit)
The centre uses an ear thermometer as advised by Alberta Health Services when taking a child's temperature. If the child is sent home with a fever for two consecutive days the child needs a physician note to return to the centre.
- **Communicable illness.** Children are to be excluded from the centre based on the illness. The ED will confirm with Alberta Health Services to assess when the child may return or the parent may bring in a note from a physician.
- **Undiagnosed rash.** If a child presents with an undiagnosed rash in conjunction with a secondary symptom the child must be excluded until determined by the child's physician or Public health that the symptoms are non- infectious. If the rash is determined to be infectious the child may need a note from a physician to return to the centre.
- **Purulent conjunctivitis** (pink or red eye). Child must be excluded until determined by the child's physician or Public Health that the symptoms are bacterial or viral. In either case the child must be symptom free before returning to the centre.
- **Vomiting.** Children who experience 2 or more episodes of vomiting will be sent home. Children must be clear of symptoms for 24 hours before returning to centre or assessed by a physician.
- **Diarrhea.** Is defined as increased number of stools or loose stools. Children who experience 2 or more episodes of diarrhea will be sent home. Child must be clear of symptoms for 24 hours before returning to centre or assessed by a physician.
- **Mouth sores with drooling.** Child must be excluded until determined by the child's physician or Public Health that the symptoms are non-infectious.
- **Scabies, head lice or other infestation.** Child must be excluded until appropriate treatment has been done and the child is clear of all eggs. In the case of head lice, the

child will be inspected and cleared by staff before they are allowed back into the program.

- **The child is unable to participate in the full daily program, indoors and outdoors due to illness.**

It is important for children to go home when they are sick to restrict the amount of cross-contamination in the centre.

As per the **Memorandum of Agreement** between Glenora Child Care Society and the parent signed upon registration; "Parents shall not deliver children who are ill to the Society's premises, and shall immediately upon being requested to do so by the Director, pick up or make arrangements to have ill children picked up."

If the parent cannot be reached within 30 minutes of the child becoming ill the centre will then call the families emergency contacts.

The centre will allow up to 90 minutes, from first contact with the parent or emergency contact, for the child to be picked up. The Executive director may give parents more time depending on the circumstance. If parents have not arrived to pick up their child within the allotted time frame the centre will call the families emergency contacts.

If parents are persistently negligent in picking up their child(ren) when being requested to do so, the Society shall give a warning in written form. The Society defines persistently negligent as the parent not coming within the allotted time frame when contacted by the centre more than twice in a six-month period.

Should the parents after such written warning continue to be negligent in picking up their child (ren) when requested to do so, the Memorandum of Agreement may be cancelled without notice resulting in a cancellation of child care services.

According to regulations if a child is sick he/she is to be kept as far away as practical from the other children and directly supervised by a primary staff member. If the Executive Director is on the premises the child may stay in their office or staff may find a quiet spot in the room so the child may lay down and be away from the other children.

Staff are encouraged to keep themselves healthy and to remain at home if they are ill and could transfer a communicable disease to other staff or children.

How to take a temperature

1. If you think a child has a fever, take the temperature. A fever is 38 Celsius degrees or higher (100.4-degree Fahrenheit).
2. When using a digital thermometer, put the thermometer under the child's armpit. The silver tip must touch the skin. Hold the top of the thermometer with one hand. Hold down the child's arm with your other hand. Wait for the thermometer to beep. Read the temperature on the display.
3. When using an ear thermometer, make sure there is a new protector for the device. Turn the thermometer on, put device in ear, push the button and wait for a beep. Read the temperature on the display. Throw out the protector. If temperature is taken again use a new protector and take the temperature from the same ear for an accurate reading.

a. Preventing Communicable diseases

Staff's responsibilities with respect to preventing the spread of infectious diseases includes but is not limited to the following strategies and actions:

- Have plenty of tissues readily available for nose-wiping and put all soiled tissues in the garbage.
- Use a different tissue for each child, and wash your hands after nose wiping.
- Teach children to cover mouths when they cough or sneeze and to wash their hands afterward.
- Staff need to cover mouths when they cough or sneeze and to wash their hands afterwards.
- Staff take children outdoors twice daily when weather permits.
- Cover each cot with sheet and washable blanket marked with the child's name. These sheets and blankets are to be washed weekly or sooner if soiled.
- Each child uses his or her own labeled personal grooming items, bed linens and bottles.
- Wash toys in sterilizer weekly, toys that are too big for sterilizer need to be sprayed and disinfected with a bleach solution. Plastic toys which children put in their mouths should be set aside and washed in the sterilizer as soon as possible.³
- Hand sanitizer will be provided for families and staff.
- DURING A LICE OUTBREAK, ALL DRESS-UP ACTIVITIES WILL BE DISCONTINUED. Clothes used for the activity must be laundered and stored until the lice outbreak has been rectified for at least two weeks.
- Water play is not used during a diarrhea or vomiting outbreak in child care facilities

b. Reporting Communicable disease

- If a child(ren) or/and staff have an infectious disease, staff will inform parent/caregivers by posting a notice along with an information sheet on the front doors of the daycare or on the white board at the OSC. The child's name that has the communicable disease will be kept confidential.
- The Child Care Facility Illness Incident Log Sheet will be filled out by Staff and the staff also will notify the Executive Director.
- The Executive Director or staff will notify Alberta Health Services if two or more children at the centre have similar symptoms of an illness within 48 hours. Signs of illness to watch for: cough, vomiting, rash, fever, diarrhea.

c. Hand Washing

Most infections are transferred by the hands, one of the best ways to prevent the spread of germs and communicable disease is through hand washing for both children and adults.

Staff will wash hand before and after certain activities when the risk of spreading germs is high such as:

- Handling food and eating
- Diapering a child

³ Providing Illness in Child Care Centres, BC Health Planning, 2003.

- Going to the toilet, or helping a child going to the toilet
- Blowing and wiping own or Child's nose
- Administering first aid
- Attending to a sick child

Children will wash hands before and after:

- Eating or handling food
- Water play
- Sand play
- Playing with play dough or other sensory materials

Children will wash their hands after:

- Having a diaper changed
- Using the toilet
- Playing outdoors in sand⁴

Hand Washing Procedure

The Hand washing procedure will be placed at all washrooms, sink areas and kitchen for all staff to follow.

1. Wet hands under running water
2. Scrub hands with soap for a count of five
3. Rub all surfaces of your hands until you have a thick lather
4. Rinse under running water for a count of 5
5. Dry with a clean paper towel

Note: Disposable hand wipes do not work nearly as well as cleaning and rinsing with soap and warm running water. They can be used in an emergency (on a field trip for instance) but never as a substitute for proper hand washing.

If children are not able to follow the hand washing procedure themselves staff will help the child.

d. Diapering

Preparing for diapering

To minimize contamination outside of the diapering area ensures diapering materials are replenished in the diapering area. The following materials need to be replenished:

- Paper towel to cover the table
- Wipes
- Diapers from each individual child
- Diaper cream from each individual child with name on it
- Plastic bags for soiled diapers and soiled clothes
- Latex gloves
- Q-tips

Diapering Procedure at Change Table

1. Make sure diapering area is stocked.
2. Place a paper towel on the change table.

⁴ Canadian Red Cross, Child Care First Aid, pg 24.

3. Place child on diapering table with bottom on the paper towel. Remove clothing to access diaper. If soiled, place clothes into plastic bag.
4. Remove soiled diaper.
5. Use Wipes to clean bottom and use Q-tips or gloves to apply cream if needed.
6. Throw soiled wipes and Q-tips into plastic bag with diaper.
7. Put on clean diaper.
8. Remove gloves and put into plastic bag.
9. Redress the child.
10. Place child at sink and wash hands following the "hand washing procedure".
11. Return child to play without touching anything else in the room.
12. Spray diapering surface with a bleach solution.
13. Adult washes hand using the "hand washing procedure" without contaminating any other surfaces.
14. Lace plastic bag of soiled items into covered garbage can.
15. Rewash hands using "hand washing procedure".

Additional Precautions

- Toys that are played with or objects that are touched, while children's diapers are changed, must be put aside to be sanitized.⁵

e. Toileting Area

This area is convenient for hand washing. Toileting area must be kept clean and stocked with gloves, wipes, toilet paper, and diapers if needed. Step stools and seat reducers are used to help children use toilets. Potty chairs are to be emptied immediately into toilet and to be sanitized with bleach after each use. Toilets and seat reducers are to be cleaned with bleach solution when obviously soiled with urine or feces. Toilets are to be flushed after each use.

Note: Janitor services clean the washrooms at the end of each day.

f. Gloves

Gloves do not take place of hand washing. Staff who wear gloves during toileting/diapering must remove their gloves during toileting/diapering, must dispose of them properly and wash hands. Gloves must be changed after each use.

g. Disinfecting furnishings, equipment and play materials

All rooms and programs must complete Daily, Weekly, Monthly Disinfectant Charts and follow the Emergency Cleaning Procedure in the event of communicable disease in centre such as but not but is not limited to the following; pink eye, diarrhea with vomiting, impetigo, ringworm.

Emergency Cleaning Procedure

The following items must be sanitized with a bleach water solution:

- Beds
- Table tops
- Chairs
- Door knobs
- Sinks

⁵ D. Cryer; T. Harms; C. Riley, All About Iters, Diapering Procedures in Photows pg. 110-113.

- Toilets/urinals
- Toys, equipment, crayons and scissors
- Any furnishings that child may have encounter.
- Diaper changing area
- Soiled bed linens and cot with bleach solution

h. Washing clothes and linens

There is a Laundry room with a Washer and Dryer. All bed linens need to be washed weekly or sooner if soiled and all face cloths need to be cleaned with each use. Linens that have been soiled by bodily fluids need to be kept in a container with lid until staff are able to wash them. Each room is designated a day to do the laundry. The designated laundry day list will be posted beside the washer in the laundry room.

i. Special precautions when handling or Cleaning Blood and Bodily Fluid

All body fluids, including blood, must be treated as infectious and handled cautiously. Where blood is involved, it is important to use universal precautions-those measures which have been developed specifically to deal with blood-borne diseases like HIV and hepatitis B. These include:

- Wear latex gloves when there is a lot of blood, or if you are dealing with open cuts. Wash hands immediately after removing gloves.
- Do not get blood on your skin, but if it happens, wash it off immediately with soap and water.
- Cover cuts.
- Use absorbent material to stop bleeding.
- Immediately clean blood-soiled surfaces using the Blood and Body Fluids Procedure.⁶

Blood and Bodily Fluid Cleaning Procedure

Only individuals who have their First Aid should perform the clean-up procedure. All clothes that were soiled need to be kept in a container with a lid until staff can wash.

Clean up of cement and floors:

- Restrict access to the affected area and do not leave the contaminated area unattended. A hazard remains until the contaminated area and the soiled cleaning equipment have been disinfected or disposed of safely.
- Wear latex gloves to protect your hands. Use additional personal protection equipment to protect personal clothing, lips and eyes.
- Blot excess fluid using paper towels or disposable cloths.
- Flood the affected area generously with bleach solution and let sit for a minimum of 10 minutes.
- Blot up the bleach solution with fresh paper towel or disposable cloths.
- Place all used paper towels and cloths in a sturdy leak-proof garbage bag. Remove gloves and discard. Dispose the plastic bag into the regular trash.
- After cleaning the area, wash hands thoroughly using the "hand washing procedure."⁷

⁶ Preventing Illness in Child Care Centres, BC Health Planning, 2003.

⁷ Alberta Health Services Website www.capitalhealth.ca

Clean up on carpet:

- Follow the same procedure but use lemon tree instead of bleach. The carpet may need to be cleaned with the carpet cleaner.⁸

j. Food and Food Preparation

Staff who deal with the preparation and serving of food and beverages are to follow the guidelines outlined below to help prevent the spread of food borne illness, stop the spread of communicable disease and to keep foods from spoiling.

- Always wash your hands before dealing with food and after going to the toilet or changing a diaper.
- Perishable foods (e.g. dairy products, meat, poultry, and eggs) must be refrigerated at or below 4 degrees C.
- Serve cooked foods immediately.
- Thoroughly cook foods derived from animal sources, particularly poultry, egg and meat dishes.
- Thaw meat in the refrigerator.
- Wash and sanitize cutting boards and counter with bleach water solution to prevent foods from contaminating ready-to-eat foods.
- Remember to keep hot foods hot and cold foods cold.
- Food preparation, serving and storage areas must be kept clean, dry and separate from playing, toileting and diapering areas. It is the responsibility of all staff to keep food preparation and serving areas clean. The cook will be responsible for most of the kitchen cleaning and filling out kitchen cleaning forms.
- Food contact surfaces (e.g., dishes, cutting boards) must be free of cracks and chips which can harbor germs.
- Food contact surfaces and surfaces of equipment or furniture which encounter food from hands (e.g., highchairs, tabletops, and small chairs) should be wiped clean and sanitized after each use.⁹
- The Cook must have formal training in Nutrition and Food Preparation or one year in the Food Service Industry. The Cook must also have completed the Food Safety Course Level 1& 2 as outlined in the Job Description.
- Each site will have a food safety book which outlines how to prepare food safely, how to store food safely and when to throw out food.

4. Preventing Injury

⁸ Alberta Health Services Website www.capitalhealth.ca

⁹ Preventing Illness in Child Care Centres, BC Health Planning, 2003.

Learning, exploring and developing new skills always involves some challenge and often, some risk! It is our responsibility to ensure the safest environment possible. Planning for children's safety is the most effective tool for preventing injuries.

A systematic approach to planning involves:

- Active and Positive Supervision
- Safe space Arrangement
- Developmentally Appropriate Programming and Activities

Active and positive supervision

Adults who are involved, aware and appreciative of young children's behaviors are in the best position to safeguard their well-being.

- Know each child's abilities
- Establish clear and simple safety rules
- Be aware of potential hazards
- Position yourself strategically
- Scan and circulate

Safe Space Arrangement

Careful planning for children's play spaces can minimize the risk of injury.

- Consider traffic flow
- Define play spaces

Developmentally Appropriate Programming and Activities

Plan and offer activities which match the needs, skills and abilities of the children in your care.

- Provide appropriate activities
- Consider size and manageability¹⁰

- **Injury Prevention Checklist**

An injury prevention checklist will be completed every month and a safety sweep of both indoors and outdoors play space will be done daily by a staff member. The condition of all indoor and outdoor equipment will be recorded and reported to the Executive Director or OSC Supervisor. Any unsafe items will be removed or "off limits" until repairs are made.

Indoor Environment

An injury prevention checklist of the indoor environment will be done monthly by each room.

Outdoor Environment

An injury prevention checklist of the outdoor environment will be done monthly. Executive Director will ensure that all outdoor play structures comply with the standards outlined in the current edition of *A Guideline on Children's Playspaces and Equipment, CSA Standards*. In accordance with Alberta Health Services- Environmental Public Health, GCCS does not use fill and drain wading pools.

As we are not able to cover our sand area, staff will check for animal feces and foreign objects before allowing children to enter sand area. Staff will also rake the sand to ensure its cleanliness.

¹⁰ Preventing Illness in Child Care Centres, BC Health Planning, 2003.

When going to a playground offsite staff will do a sweep of the playground looking for unsafe objects and safety of play structures before the children play.

- **Head Injuries**

Staff are never to shake a baby, infant or child. Staff are always to be gentle with children as to not jostle the child's head. Children are to wear helmets outside when riding any type of riding toy. Skateboards and other riding toys may only be brought to the centre for show and share and not to be used during the program.

Procedure to follow in the event of a head injury:

A superficial cut/scrape often bleeds heavily because blood vessels may be closer to the surface of the head. Bleeding can be treated by applying pressure to the area for 10 minutes up to three times. Pressure is not to be applied if the wound has an object in it or you can see the skull.

If the bleeding does not stop, or the skull is showing, and or the wound is deep enough to require stitches treatment from a doctor is advised and the child's guardian will be notified. If the guardians cannot be reached 9-1-1 will be called for an ambulance.

For a bump on the head apply ice no longer than 15-20 minutes. Have a cloth between the ice and the child's skin.

A child may still nap after a bump on the head. The child does not need to be woken up but needs to be watched closely for a change of colour of the skin, change of breathing, and or twitching of arms or legs. If any of the above is observed the child is to be woken up and the child's guardian is to be notified.

*Child will be checked for injuries for other parts of the body in case of other injuries.

Notifying child's guardian of head injury

A child's guardian will be notified if a child has a *high-energy head injury*.

A *high-energy head injury* is defined as the following:

- When the head hits against another object with great force or pressure. There may be no sign of external bleeding or other obvious signs of injury.
- Examples are: A fall from a height of 4 feet on a hard surface, striking the head when falling from a fast-moving bicycle, a direct blow to the head with a hard object and or severe jarring of the head.

Procedure in case child exhibits signs of a serious head injury:

In the case of a child exhibits symptoms of a serious head injury (see below for symptoms) staff will call 9-1-1 for an ambulance and the child's guardian or emergency contact will be notified as soon as possible. A serious head injury occurs when the brain hits against the inside of the skull with enough force to cause brain damage. There may be no sign of bleeding or injury on the outside of the head.

The following are symptoms of a serious head injury:

- Loss of consciousness.
- Confusion or abnormal behaviour. Child may be fussy, irritable, and fretful and cry constantly without being able to be consoled.
- Memory loss.
- A severe headache.
- Extreme sleepiness or difficulty waking up.

- Slurred speech.
- Numbness, weakness, or loss of movement in the arms or legs.
- Vision changes and changes in the pupil's size, shape and reaction to light.
- Dizziness, vertigo, or unsteadiness that prevents standing or walking.
- Persistent nausea and vomiting.
- Fever.
- Seizure.¹¹

Reporting Accident/Incident

Staff will fill out the Glenora Child Care Accident/Incident form as soon as possible, but no less than 24 hours of the injury/incident. Staff present at the time of injury/incident will be responsible for:

- Notifying the Executive Director, Program Director or OSC Supervisor of injury/incident
- Completing and signing the accident/incident form; having room staff read and initial the report also.
- Giving form to Executive Director, Program Director or OSC Supervisor to read through and sign
- Making sure the guardian is told of accident/incident and for parent to sign the form
- Notifying the child's guardian immediately (within 10 minutes of the incident) if a child has received a high-energy head injury or exhibits signs of a serious head injury. If guardian cannot be reached, the centre will notify an emergency contact.
- It is the administrative team's role to ensure that all reports are signed and returned to the office, as well as file the Accident/Incident form in the child's file. Admin staff also record each incident on a tracking spreadsheet each month to report to the board of directors regarding any trends or areas that require replacement or repair.
- Staff will discuss accidents at weekly staff meetings to identify if changes to supervision or play equipment need to be made to reduce risk.
- **Incident Reporting to Licensing**
In the case of a serious injury requiring medical attention, the Executive Director must immediately (within 1 hour) contact child care licensing staff by telephone, fax or email to report the accident/incident; a written report is then submitted to Child and Family Services licensing office within 2 days of the incident. A copy of this report is to be made available to the child's parents upon request.

¹¹ BC Health Link website: www.healthlink.ca

The following incidents must be reported to Child Care Licensing: ¹ “An emergency evacuation, unexpected program closure, an intruder on the program’s premises, a serious illness or injury to a child that requires the program to request emergency health care and/or requires the child to remain in the hospital overnight, an error in the administration of medication by a program staff or volunteer resulting in the child becoming seriously injured or ill and requiring first aid, or the program requesting emergency health care and/or requires the child to remain in hospital overnight, the death of a child, an unexpected absence of a child from the program (i.e. lost child), a child removed from the program by a non-custodial parent or guardian; an allegation of physical, sexual, emotional abuse and/or neglect of a child by a program staff member or volunteer, the commission by a child of an offence under an Act of Canada or Alberta, and/or a child left on the premises outside of the program’s operating hours.” ¹Taken from the “Fact Sheet Incident Reporting Child Care Programs” provided by Government of Alberta Children and Youth Services

- **First Aid**

All staff will have current First Aid certificates. When hiring staff, the Executive Director will record expiry date of First Aid certificate if the new staff has one for future monitoring. If not, they will be asked to acquire first aid certificate as soon as possible or within 8 weeks. A copy of the first aid will be kept in staff’s file.

Every Room will have a First Aid bag and are required to take first aid bags with them when they leave the premises or go on field trips with the children. The room designate is responsible for making sure the 1st aid bag is fully stocked and informing the ED when supplies are needed.

When a child is in your care, you must give assistance. If the parent or guardian is present, you need to ask for permission.

- **Information for Children and Staff**

The centre in respect of each child, maintain on the program premises an up-to-date record containing the following information:

- a) The child’s name, date of birth and home address;
- b) A completed enrolment form;
- c) The parent’s name, home address and telephone number;
- d) The name, address and telephone number of a person who can be contacted in case of an emergency;
- e) If medication is administered a medicine administration form
- f) The particulars of any health care provided to the child, including an accident report signed by guardian
- g) Any other relevant health information about the child provided by the child’s parent, including the child’s immunizations and allergies, if any.

All the information listed above will be kept in the child’s file in the ED’s office and if needed in the church or Glenora program lockable cabinets and will be available for parent’s inspection at reasonable times.

Portable emergency information card in respect of each child will contain the information referred to above a), c), d) and g).

Completed and updated emergency information cards will be kept in a file box beside ED’s telephone and will be kept in each room’s first aid bag. Children’s emergency information cards will be taken on all off-site outings.

Along with the telephone numbers of the local emergency response service and poison control centre.

Staff emergency and contact information will be kept in staff's files.

- **Smoking**

Regulations state that a license holder must ensure that no person's smokes on the premises and that no staff shall smoke at any time or place where child care is provided.

Adults who smoke must do so outside the facility and out of view of the children in the Centre's care. Adults who smoke are responsible for ensuring that matches, lighters, cigarettes are to be stored securely out of children's reach at all times. Cigarette butts must be disposed of in the garbage and not left on the ground.

- **Fire**

Fire Drills are practiced regularly so both children and adults are familiar with the routine and procedures. Each room has an evacuation plan in place as well as accessible emergency exits.

Emergency Procedure in case of fire St. Vincent School location

1. Person finding the fire pulls alarm, contacts Executive Director or designate and consider using extinguisher depending on size and type of fire.
2. Executive Director/Designate phones fire department.
3. Children will exit by south door if not blocked by fire, if blocked exit by school's east main door, for drill purposes south door will be used. The OSC children and Rainbow room children will exit through the north doors and then proceed outside through the school's main entrance on the east side of the school.
4. Each room will have an evacuation route map displayed in the room.
5. One room teacher will close all windows in playrooms, check room and bathroom for children, shut playroom door when vacated.
6. Second room teacher leads all children in that room to safety and takes room attendance white board.
7. Sunshine staff will take Fire Emergency supplies with them when exiting.
8. Cook closes windows in kitchen and staff room as well as turn off stoves. Exit at south door unless blocked.
9. Executive Director, Program Director and Admin Assistant ensure that doors are closed and exit though south door if safe. Executive Director takes portable record cards of children and attendance sign in and out boards from front entrance. In Executive Director's absence, designates will act accordingly.
10. Children will be walked to Glenora Playschool located at 104 Ave and 136 St. In an event of a fire drill staff and children will meet on the south side of school outside of the fence and parent/guardian will not be notified.
11. Attendance will be taken when we have arrived at Glenora Playschool and Parents/Guardians will be notified to come and pick up their children.
12. Report to Executive Director or designate any deviation from attendance list.
13. Executive Director/Designate will decide if safe to return to building.

Emergency Procedure in Case of fire at OSC Church site

1. Person finding the fire pulls alarm, contacts OSC Supervisor or designate and consider using extinguisher depending on size and type of fire.
2. OSC Supervisor/Designate phones fire department.
3. Children will exit by East door if not blocked by fire, if blocked, exit by the church's west main door, for drill purposes the east door will be used.
4. The program will have an evacuation route map displayed in the room.
5. One room teacher will close all windows in playrooms, check room and bathrooms for children.
6. Second room teacher leads all children to safety and takes room attendance white board.
7. Third staff turns off stoves and take Fire emergency supplies when they exit the building.
8. OSC Supervisor or Designate takes emergency file cards of children and attendance sign in and out, attendance boards and OSC phone.
9. Once safely evacuated staff will conduct a roll call.
10. Children will be walked to the main centre located at 10530 138 St. In an event of a fire drill staff and children will meet on the east side of church in the parking lot and parent/guardian will not be notified.
11. Attendance will be taken when we have arrived at the main centre and Parents/Guardians will be notified to come and pick up their children. Executive Director or Designate at St. Vincent site will be notified as soon as possible. Report to Executive Director or designate any deviation from attendance list.
12. Executive Director/Designate will decide if safe to return to building.

Note: The ED will ensure that emergency evacuation procedures are made known to all staff by reviewing procedures each September. Room staff will review procedures with children every couple of months where developmentally appropriate.

5. Arts and Crafts

Recommended arts and crafts materials

Only non-toxic arts and crafts products should be used. These products should bear at least one of the following labels:

- CP (Certified Product) Seal.
- AP (Approved Product) Seal.
- Health Label (Non-Toxic) Seal of the Art & Creative Materials Institute, Inc.
- Crayons should have "non-toxic" on the label.
- Products bearing the CL (Cautionary Label) or Health Label
- (Caution Required)—may be used with supervision.
- Egg shells must be boiled for 10 minutes or heated for at least 10 minutes at 110oC (350°F) in the oven to remove any germs that may be found on egg shell before use in arts & crafts.
- Face painting- Only products designed for use on the body can be used for body art and face painting.

- Crayola™ crayons, Sharpie™ markers and any other products not designed for skin contact SHOULD NOT be used for face painting.
- Avoid using leaves that may have chemicals from insecticide spraying on them. Visually inspect the leaves for insects and larvae. These may still reside on the leaves, especially if the leaves are still soft and moist. Be aware that bacteria, moulds, dust and mites on the leaves may cause respiratory problems for children with allergies.
- Toilet Paper or Paper Towel Rolls use is acceptable if not wet.

6. Play dough

- Play dough should not be used during a diarrhea or vomiting outbreak in child care facilities.
- Children should wash their hands before and after handling play dough.
- Toys used in conjunction with play dough should be cleaned and disinfected after the play activity.

“Home-made” play dough must:

- Contain salt or other preservatives (borax or other plant extracts) to prevent the growth of bacteria (the salt acts as a preservative and to discourage children from eating play dough).
- Be stored in the refrigerator after use.
- Be stored in sealable containers (zipper style plastic bags or clean yogurt type containers with lid) and labelled. Discarded after 1 week.

7. Sun Safety

Too much summer sun can be harmful. To keep the children safe when outside in the sun, the following should be carried out:

1. Stay in the shade: When your shadow is shorter than you, the sun is very strong. Look for places with lots of shade. If possible, keep children out of the sun between 11 a.m. and 4 p.m. when the sun’s UV rays are strongest.

2. Use sunscreen:

- Choose a broad-spectrum sunscreen with SPF factor of 15 or higher and use according to label directions. SPF means “Sun Protection Factor”.
- Put sunscreen on the children 20 minutes before they go out and reapply after being in the water.¹²

Children will be required to wear sunscreen in the summer months. If the children’s guardian refuses to have sunscreen put on his or her child the Executive Director has the right to suspend child care until the guardian complies.

8. Field Trip

As per regulations the centre may take a child to an activity off the program premises only where

¹² Environmental Public Health - Child Care Facility Information Manual – January 2009- Page 50

- a) the child's parent has been advised of the activity, including the transportation and supervision arrangements with respect to the activity, and
- b) The child's parent has consented in writing to the child's participation in the activity.
 - Staff must have information listed above in the field trip form as well as signed permission from guardians for child to go on a field trip.
 - Staff must have Field trip form filled out and a copy given to the Executive Director or acting before leaving the premises. Ensure Executive Director Bulletin Board contains Field Trip form.
 - The OSC program will email or text the office a copy of the Field trip form.
 - All permission forms will go into the Permission Form file in the ED's office.
 - Staff will designate a staff member to carry a copy of the Field trip form.
 - All classrooms will carry their first aid backpack on all outings; the backpack contains a first aid kit, emergency medications as well as portable records of each child.
 - The centre has two cell phones that can be taken on outing or if a personal cell phone is used, the cost associated with making calls will be reimbursed. Staff remaining at the centre must be informed of the cell phone telephone numbers that will be used during an outing.
 - A minimum of two staff will accompany the children on the outing and enhanced ratios is always considered and determined on an individual basis for each excursion.
 - Staff will develop contingency plans in an event of inclement weather and post them for parents to see. If the contingency plan is used parents must sign a new field trip form that reflects the change of venue.
 - Children and Volunteers will be informed of what to expect and discuss any applicable safety rules with staff and children including a designated meeting point and go over code word before leaving the centre. During outings, outside of the community (as defined by the GCCS community map) or that require transport via City or Yellow Bus children will be required to wear coloured pinnies. Pinnies will be provided by GCCS and will support staff in active supervision in busy locations.
 - The staff will decide on a code word and explain to the children when they hear the word they need to go immediately to the designated meeting place.
 - Roll call will be taken as staff and children are preparing to leave on the outing and immediately upon arrival at the outing destination. The staff person with the Field Trip form will call out each child's name and the second staff member will confirm each child's presence. Both staff will initial and sign off each completed roll call.
 - During each roll call, staff will remind the children of the code word and practice what the children's response is when they hear the code word called out. All staff member must know how many children are in the group on the outing, complete a head count regularly every 10 minutes. Verbally communicate when removing a child (ren) or staff member from a group situation.
 - Upon arrival visit the designated meeting place and review applicable safety rules.
 - At least one staff person will be at the front of the line of children and at least one staff person at the end of the line. Other staff should be placed in the middle or with children who are requiring more supervision or assistance.
 - Never let a child go into public washrooms or change rooms without being supervised by an adult from the group.

- Staff are not permitted to transport children in their personal vehicles. Transportation used must be approved charter companies such as busses or Taxis. Public Busses may also be taken with approval from the Executive Director.
- Staff will ensure that children follow proper car safety such as sitting properly on bus, using quieter voices and not drinking or eating.
- Children should be made aware of the following three guidelines to follow if they become separated from the group.
 - Stay put.
 - Talk to a “safe adult” (Store or park employees, security, officers, police. Generally, people who are wearing name badges or uniforms).
 - Don’t go anywhere with someone you don’t know.

Procedures to follow in the event a lost child on fieldtrip

1. Assemble children using code word and meeting at designated spot.
2. Conduct a brief search of the immediate area then immediately get help from the nearest employee or security officer.
3. If the child has not been located after 5 minutes a staff member will call 911 and follow instructions given.
4. If possible contact parents, the centre, licensing (780-427-0444).
5. Care for other children. Decide to care for remaining children on site or return to centre.

Note: If there was not enough time to contact licensing during the incident the ED is responsible to contact licensing as soon as possible and to submit a written critical incident form within two working days.

Procedures to follow in case of a medical emergency on a Field Trip

- If a child has an injury that staff can deal with using the first aid kit, this should be done immediately and an incident report done upon return to the centre.
- If a child has an injury or medical emergency during an outing that is beyond staff’s ability to deal with, 911 and the child’s parent/emergency contact should be called immediately. A staff person must accompany the child if an ambulance ride to the hospital is required. If only one staff person remains, he/she must wait with the children in a group until another centre staff person can join him/her before leaving the outing location to return to the centre. If two or more staff remains, they can proceed with their return to the centre.
- If a staff person becomes ill or injured during an outing, she must remain with the group until another staff person can join the group at the outing location. If it is an emergency requiring her to leave the group immediately, and only one staff person remains, she will wait with the children in a group until another centre staff person can join the group to accompany them back to the centre. On-site personnel can be asked if they are available to help support centre staff to supervise children in these sorts of circumstances.

9. Weather/Temperature Policy

As we do take the children out twice a day when weather permits, it is very important to ensure children are dressed appropriately.

Our region gets very cold in the winter time and to protect the children in our care from frost bite the following restrictions will be followed by staff. Temperatures with wind chill will be determined by www.environmentcanada.ca, a designated staff member will check the website before going outside on cold days. Parents are responsible for informing the centre of any pick up or drop off changes especially in the case of Out of School Care.

Ages 12 months-2years

Children will remain indoors when the temperature reaches colder than -15 degrees Celsius with the wind chill.

Ages 2-5 years

Children will remain indoors when the temperature reaches colder than -18 degrees Celsius with the wind chill.

Morning Walking Program

The morning walking program will be suspended when the temperature reaches colder than -35 degrees Celsius with the wind chill.

Afternoon Walking program

Children will remain at Glenora Elementary School and St. Vincent Elementary School when the temperature reaches colder than -35 degrees Celsius. Parents will be notified by email.

10. Nutrition

- The Centre is responsible for providing meals and snacks for children in the program until they move to the OSC.
- The OSC will provide morning/breakfast snack and afternoon snack.
- OSC will ensure that meal supplements, such as milk and proteins, are available when a child fails to bring in a lunch that meets Canada Food Guide requirements
- Snacks and meals will be at appropriate times and in sufficient quantities in accordance with the needs of each child.
- All rooms will have a room schedule that indicates at what times children are fed snacks and lunch.
- Menus meet Canada's Food Guide to support children's healthy development. The menu is reviewed quarterly by the cook and the OSC Supervisor to ensure the centre is complying with new standards. It is the ED's responsibility to ensure the menu is reviewed.
- A weekly menu will be posted outside of the kitchen on the kitchen bulletin board and prominently on one of the entrances to the centre for the Kinder Club and the Preschool program. The OSC program will post their menus on their parent bulletin boards.
- Children are to be seated while eating and drinking as per regulations.
- No beverages are to be provided to children while napping as per regulations.
- Children's food allergies are posted in the kitchen as well as in the Health binder located in each classroom. 'Meal Plans' are also located in the binder – they indicate the child's

allergy and provides a space for staff to sign saying that they will not feed the allergen to the child.

- Any food provided by parents need to be labelled with the child's name, and we recommend it follow Canada's Food Guide
- The Centre is a nut free zone and therefore any products that contain nuts may not be brought onto the centre's premises. If food is found to contain nuts it will automatically be thrown in the garbage and then parents will be notified at child's pick up.
- While we encourage families to consider healthier alternatives for celebrations families may bring in cake, cupcakes, treats for children but they must be store bought and not made at home. These items must be nut free.

11. Accidents/Incidents Reporting

Staff will fill out the Glenora Child Care Accident/Incident form as soon as possible, but no more than 24 hours of the injury/incident. Staff present at the time of injury/incident will be responsible for:

- Notifying the Executive Director, Program Director or OSC Supervisor of injury/incident
- Completing and signing the accident/incident form; having room staff read and initial the report also.
- Giving form to Executive Director, Program Director or OSC Supervisor to read through and sign
- Making sure the guardian is told of accident/incident and for parent to sign the form
- Notifying the child's guardian immediately (within 10 minutes of the incident) if a child has received a high-energy head injury or exhibits signs of a serious head injury. If guardian cannot be reached, the centre will notify an emergency contact.

It is the administrative team's role to file the Accident/Incident form in the child's file.

Staff will discuss accidents at weekly staff meetings to identify if changes to supervision or play equipment need to be made to reduce risk.

Incident Reporting to Licensing

In the case of a serious injury requiring medical attention, the Executive Director must immediately (within 1 hour) contact child care licensing staff by telephone, fax or email to report the accident/incident; a written report is then submitted to Child and Family Services licensing office within 2 days of the incident. A copy of this report is to be made available to the child's parents upon request.

The following incidents must be reported to Child Care Licensing: ¹ "An emergency evacuation, unexpected program closure, an intruder on the program's premises, a serious illness or injury to a child that requires the program to request emergency health care and/or requires the child to remain in the hospital overnight, an error in the administration of medication by a program staff or volunteer resulting in the child becoming seriously injured or ill and requiring first aid, or the program requesting emergency health care and/or requires the child to remain in hospital overnight, the death of a child, an unexpected absence of a child from the program (i.e. lost child), a child removed from the program by a non-custodial parent or guardian; an allegation of

physical, sexual, emotional abuse and/or neglect of a child by a program staff member or volunteer, the commission by a child of an offence under an Act of Canada or Alberta, and/or a child left on the premises outside of the program's operating hours."

Child Supervision Policy

Glenora Child Care Society (GCCS) will ensure that all child care staff actively supervise the children in our programs at all times. GCCS will maintain a daily record indicating arrivals, departures and absences of children. This helps to establish a rapid and accurate account of all children in the event of an emergency. Maintaining attendance records, in conjunction with active supervision is critical in ensuring the safety and well being of children in our care.

Children must be supervised as often they are not aware of their own limitations or abilities.

Active supervision is essential for creating childcare environments that are safe and enables staff to observe and respond appropriately to children in their care. Active supervision reduces children's injuries through the early detection of potential hazards and allows staff to interact meaningfully with children.

Active supervision is defined as:

- the process of directing, controlling, planning, listening, watching and guiding children to ensure their safety in such a way as to enable them to maintain independence to build on achievable challenges that support their learning and development.
- the process of continuously conducting class head counts and roll call.

Active supervision is demonstrated by:

1. Child care staff consider the potential risks in the environment, the age and stage of development of the children in care, the size of group, child behaviours and the characteristics of the individual children.
2. Provincial staff to child ratio regulations must be met at all times.
3. All children upon arrival or departure must be signed in or out on the Timesavr App, indicating the time of arrival or departure. This must be done at the time when the child is released from the parent/guardian to the receiving staff upon arrival or from the supervising staff to the parent/guardian upon departure. Additionally, their name must be added to the classroom whiteboard, or a paper attendance list if out of the classroom (I.e. Outside, in the gym, on a field trip, etc.).
4. All school aged children, including kindergarten, must be marked in and out from school, indicating the time of arrival and departure. This must be done at the time when the child's bus arrives/departs or the school bell rings.
5. All children attending preschool or other related classes must be marked in and out from their playrooms, indicating the time of arrival and departure. This must be done upon

departure and at the time when the child is released from the parent/guardian or preschool teacher to the receiving staff upon arrival to the playroom.

6. It must be recorded in the Timesavr App if children are absent. If a child's absence is unexplained for a period of three days' program staff will inform the Administration staff and they will contact the family to verify the reason for absence.
7. Tablets with Timesavr or paper attendance sheets (if out of the classroom) are to be kept with each class/group of children at all times.
8. When beginning a shift staff must conduct a head count of the children in their care and confirm it against the daily attendance list.
9. Head counts of children are to be completed on a frequent basis throughout the day. Head counts are to be checked against the daily attendance list.
10. Head counts and roll call must be completed before and after any transition with a group of children from one activity to another. (E.g. Playroom to Playground).
11. In addition to head counts, when a group of children are in transition from one activity area to another, staff must retain close visual supervision of the children at all times during the transition. (E.g. children should not run ahead of the group).
12. When groups of children are entering a space for the first time (classroom, outside, gym, etc.), a safety check must be completed by a staff member before children have access to it. Also, when leaving a space (classroom, outside, gym, etc.), a 'visual sweep' of the area must be conducted by the last staff to leave to ensure that no child is left behind.
13. In some cases, special considerations/procedures are put in place to ensure supervision in specific situations and of specific children. The Society' Directors, or Designates will outline any special considerations/procedures that need to take place in these specific situations. Staff members are required to make inquiries to the room staff if there are any special considerations for supervision of children.
14. While interacting with the children, staff must position themselves in the room to ensure they can physically see the entire room environment.
15. Staff must intervene promptly when aggressive actions or bullying occurs.
16. While interacting with the children outdoors and/or in the playground staff must position themselves to view the entire perimeters of the play space.
 - a. Staff will be attentive to their own actions to ensure they are not chatting with other staff and adults about irrelevant information.
17. Staff in all rooms will ensure that all the doors to their respective classrooms are closed at all times. They will double check that the door is closed when someone enters or leaves the classroom. This will be done by a staff member physically walking over to the door and

pushing/pulling it. Additionally, if admin staff enter a classroom with a guest, they will be the last to enter and leave the room, and will be responsible for ensuring that the door is closed.

18. With regards to the Chickadee and Shark classrooms, the door to the bathroom will remain closed at all times, except for the duration of toileting routines/hand-washing. During these times, children will always be supervised by a staff member in the bathroom.
19. The Out of School Care location offers a variety of areas for children to access throughout the day. The space offers one large main playroom as well as 4 additional side rooms. Each side room is set up to support a variety of play activities, large block building, dramatic play, group activities as well as a quiet space for children to relax. Active supervision is maintained throughout all areas and staff members physically enter each playroom and supervise the children's activities regularly throughout the day. It is developmentally appropriate for children to build a variety of additional play structures out of blocks, building panels or tents, staff members will ensure that these areas are also effectively supervised by physically looking inside such structures to supervise the children's activities and conversations. Children may enter the kitchen area to participate in an activity with direct supervision from a staff member. Children do not access any additional areas in the Out of School Care location without an adult, except for the washroom.
20. Children in the Out of School Care program have access to two washrooms. Children must inform a staff member that they are going to the washroom. Staff members will check on children in the washroom after 2-3 minutes to provide both supervision as well as assistance if it is required.

In the case of a lost child:

1. All child care staff must follow all the child supervision procedures listed above to prevent a Lost Child Incident.
2. If a child does become lost while at the Program staff will:
 - a. STAY CALM
 - b. Inform the other staff members.
 - c. A staff will remain with the children and will contact a Director at the Society's office 780-452-1991 and gather all the children back into their regular classroom.
 - d. Additional staff members conduct a search of the immediate area. Check the designate meeting area, if applicable.
 - e. Contact 911 giving a description of the child and their clothing.
 - f. Note the time the child went missing.
 - g. If possible send extra employees out to look for the child.
 - h. The centre Director will contact licensing to report the missing child.
 - i. The parent will receive a written incident report.
3. If a child does become lost while away from the center staff will:
 - a. STAY CALM
 - b. Inform the other staff members.

- c. A staff will remain with the children and will contact a Director at the Society's office 780-452-1991 and gather all the children back into their regular classroom.
 - d. Get help from the nearest employee or security officer.
 - e. Additional staff members conduct a search of the immediate area. Check the designate meeting area, if applicable.
 - f. Contact 911 giving a description of the child and their clothing.
 - g. Note the time the child went missing.
 - h. If possible send extra employees out to look for the child.
 - i. The centre Director will contact licensing to report the missing child.
 - j. The parent will receive a written incident report.
 - i. With the support of the Director or Designate, decide to care for the remaining children on site or return to the center.
4. In the event a child does go missing the Director or Designate will contact the parent and Child Care Licensing.
5. In the event a child does go missing the staff will follow additional instructions given by the Director or Designate.
6. Staff will call the Society's office for help.
7. Staff will ensure the off-site back pack has the Lost Child – What to Do and Emergency Phone Number Lists in it at all times. (See copy attached at the end of this policy).

Public Health Act Schedule 1 (Notifiable Communicable Diseases)
(Section 6(1) of this Regulation; Sections 20(1) and 22(1) of the Act)

Acquired Immunodeficiency Syndrome (AIDS)

Amebiasis

Anthrax

Arboviral Infections (including Dengue)

Botulism Brucellosis

Campylobacter Cerebrospinal fluid isolates Chickenpox Cholera Congenital Infections (includes Cytomegalovirus, Hepatitis B, Herpes Simplex, Rubella, Toxoplasmosis, Varicella-zoster) Dengue Diphtheria Encephalitis, specified or unspecified Enteric Pathogens. See note below Foodborne Illness. See note below Gastroenteritis, epidemic. See note below

Giardiasis Haemophilus Influenza Infections (invasive)

Hemolytic Uremic Syndrome Hepatitis A, B, Non-A, Non-B Human Immunodeficiency Virus (HIV)

Infections Kawasaki Disease Lassa Fever Legionella Infections Leprosy Leptospirosis Listeriosis

Malaria Measles Meningitis (all causes) Meningococcal Infections Mumps Neonatal Herpes

Nosocomial Infections Ophthalmia Neonatorum (all causes) Pandemic Influenza Paratyphoid

Pertussis Plague Poliomyelitis Psittacosis Q-fever Rabies Reye Syndrome Rickettsial Infections

Rocky Mountain Spotted Fever Rubella (including Congenital Rubella) Rubeola Salmonella

Infections Severe Acute Respiratory Syndrome (SARS) Shigella Infections Smallpox Stool

Pathogens, all types. See note below Tetanus Toxic Shock Syndrome Trichinosis Tuberculosis

Tularemia Typhoid Typhus Varicella Viral Hemorrhagic Fevers (including Marburg, Ebola, Lassa,

Argentinian, African Hemorrhagic Fevers) Waterborne Illness (all causes) See note below West

Nile Infection Yellow Fever Schedule 2 AR 238/85 COMMUNICABLE DISEASES REGULATION 11

NOTE: Enteric Pathogens, Foodborne Illness, Gastroenteritis, epidemic and Waterborne Illness include the following and any other identified or unidentified cause: Aeromonas; Bacillus cereus; Campylobacter; Clostridium botulinum and perfringens; E. Coli (enteropathogenic serotypes); Salmonella; Shigella; Staphylococcus; Viruses such as Norwalk and Rotavirus; Yersinia.

AR 238/85 Sched.1;357/88;37/88;96/2005;58/2006