

Guide on

Infectious Diseases

in Childcare Centres



FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION

LEAD AUTHOR

Coralie Niquay

Public Health Project Advisor – FNQLHSSC

COLLABORATORS

Annie Brisson-Proulx

Communications Advisor – FNQLHSSC

Sarah Brousseau

Nursing Advisor – FNQLHSSC

Dr. André Corriveau

Public Health Medical Officer – FNQLHSSC

Gabrielle Scott

Nursing Advisor – FNQLHSSC

Laurence Tremblay

Nursing Advisor – FNQLHSSC

GRAPHIC DESIGN

Corsaire | Design | Communication | Web

All rights reserved for the FNQLHSSC.

The electronic format version of this document is available in French and in English at www.cssspnql.com/en. Any reproduction, translation or distribution, in whole or in part, is prohibited without prior authorization from the FNQLHSSC. However, reproduction or use for personal and non-commercial purposes is permitted provided the source is acknowledged as follows:

First Nations of Quebec and Labrador Health and Social Services Commission, *Guide on Infectious Diseases in Childcare Centres*, Wendake, 48 pages.

All requests must be sent to the FNQLHSSC by mail or by email at the following address:

First Nations of Quebec and Labrador Health and Social Services Commission
250 Place Chef-Michel-Laveau, Suite 102,
Wendake (Quebec) G0A 4V0

info@cssspnql.com

ISBN printed version: 978-1-77315-525-8

ISBN digital version: 978-1-77315-524-1

© FNQLHSSC, 2024

Table of contents

Introduction	5	Gastrointestinal diseases	33
Definition of contact types	6	Infectious gastroenteritis	34
Prevention	8	Pinworms	35
General recommendations for exclusion	12	Others	37
Skin diseases	14	Meningitis	38
Scabies	15	Lyme disease (ticks)	39
Impetigo	16	Lyme disease (ticks)	40
Head lice (pediculosis)	17	Infectious conjunctivitis (pinkeye)	41
Hand, foot and mouth disease	18	Cytomegalovirus	42
Roseola (sixth disease)	19	Otitis media (middle ear infection)	43
Measles	20	Appendix	44
Rubella	21	Letter to parents	45
Chickenpox	22	Bibliography	46
Fifth disease (infectious erythema)	23		
Respiratory tract infections	24		
Bronchiolitis	25		
Pertussis (whooping cough)	26		
COVID-19	27		
Pharyngitis, strep throat and scarlet fever	28		
Pneumococcal disease	29		
Cold	30		
Flu	31		
Tuberculosis	32		

Introduction

As children occupy a fundamental position in First Nations communities, the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) has developed this guide to ensure their physical wellness. Children are the heart and future of our communities, and it is of utmost importance that everyone cooperates to prevent the spread of infectious diseases.

Produced in collaboration with public health and nursing professionals, this practical guide, intended for childcare directors and workers, provides the recommended measures related to infectious diseases. Use your best judgment when applying these recommendations, and always refer to your institution's health guidelines.

If in doubt, make sure to consult health professionals in your community. They are the only ones who can make a diagnosis.

Note that this guide is based on the recommendations found in the *Guide de prévention des infections dans les services de garde et écoles*¹ (French only).

¹ Ministère de la Santé et des Services sociaux (2015). *Prévention et contrôle des infections dans les services de garde et écoles du Québec – Guide d'intervention édition 2015 – mise à jour de certaines sections en 2023-2024*.

Online: publications.msss.gouv.qc.ca/msss/document-000374/ [last accessed May 23, 2023].

Definition of contact types

Infectious diseases are caused by infectious agents, commonly known as germs. These can be bacteria, viruses, parasites or fungi.

Germs use various methods—called “contacts”—to spread from one person to another. Understanding how a disease is transmitted helps us better limit its spread.

DROPLETS

Infected people spray respiratory droplets containing germs into the air (e.g., by coughing, sneezing, or talking). These droplets carry a short distance (up to two metres) and can land on the mucous membranes of the nose, mouth or eyes. Droplets do not remain suspended in the air. They settle and contaminate the environment.



DIRECT CONTACT

Direct contact is a close and direct physical contact between an infected person and another person, such as skin-to-skin, mouth-to-mouth, or mouth-to-wound (e.g., a bite) contact.



FOMITES

This involves an inanimate object serving as a vehicle (e.g., liquid, food, air, pool water) that transmits the infection to many people.



INDIRECT CONTACT

Indirect contact occurs when a person comes into contact with contaminated hands or objects and carries the germs to their mouth, nose, eyes, or any other place that is susceptible to the infection.



AIRBORNE

Airborne transmission occurs when a person inhales droplets or airborne dust containing germs. These can remain in the air for an extended period and be carried by drafts over a long distance (more than two metres) before a person inhales or comes into contact with them in the same room. Airborne infections are rare (e.g., chickenpox, measles, tuberculosis).



VECTOR

Vector transmission is when an infection is transmitted through an intermediary organism (e.g., insect or tick).



Prevention

VACCINATION

In childcare settings, up-to-date vaccination remains the best way to prevent a number of infectious diseases. It provides considerable protection not only for children, but also for people with chronic illnesses or weakened immune systems, seniors, and pregnant women.



BE VIGILANT!

There is conflicting information going around about vaccines, including about their origin and effects. With so many different sources of information (relatives, media, Internet, health professionals), it can be difficult for parents to find reliable and credible information. To help them get answers to their questions and make an informed decision about vaccinating their children, refer them to a health professional.



HAND HYGIENE

Washing your hands and nails with soap and water (or hand sanitizer) is a highly effective way to prevent the transmission of diseases.

In some cases, health professionals may recommend wearing gloves to reduce transmission. To prevent the gloves from tearing, keep your nails short and remove your rings.

When to wash your hands



1
When arriving at the daycare and before leaving.



2
Before eating or drinking, and before helping children eat or drink.



3
Before and after handling food.



4
After changing a diaper.



5
After using the toilet, or after helping a child do so.



6
After touching a dirty object or surface.



7
After playing outside.



8
After blowing your nose, or after coughing or sneezing.



9
Before and after brushing your teeth, and before helping a child do so.



10
After being in contact with bodily fluids (e.g., blood, saliva, secretions).



11
Before and after playing at the water table or activities with paint or modelling clay.



12
Before and after taking a child's temperature.



13
After being around animals.



14
When hands are visibly soiled.



15
Whenever it seems appropriate.



RESPIRATORY HYGIENE

- Respiratory hygiene is a set of behaviours intended to reduce the transmission of respiratory tract infections. It consists of:
- Containing secretions (preventing secretions from the nose and mouth from being dispersed into the environment).
 - Using the proper nose-blowing technique.
 - Washing your hands.
 - Wearing a mask on the order or recommendation of a health professional.

TO CONTAIN SECRETIONS:

- Cover your nose and mouth with a tissue when coughing or sneezing.
- Throw the tissue in the trash.
- Cough or sneeze into the crease of your elbow or upper arm if you do not have a tissue.
- Avoid coughing or sneezing into your hands so you do not contaminate them.
- Wash your hands with soap and water or hand sanitizer.



RECOMMENDATION

Recommendation: Anyone caring for a child under five years of age and who has symptoms of an infectious respiratory disease should wear a mask and wash their hands frequently.

HOW TO PROPERLY BLOW YOUR NOSE²

WHEN BLOWING YOUR OWN NOSE

- Use enough tissues to protect your fingers from secretions.
- Blow gently, one nostril at a time, while blocking the other nostril.
- Immediately throw the tissues in the trash.
- Wash your hands.

WHEN HELPING A CHILD BLOW THEIR NOSE

- Use enough tissues to protect your fingers from secretions.
- Ask the child to blow gently.
- Wipe one nostril at a time.
- Immediately throw the tissues in the trash.
- Wash your hands.

WHEN SHOWING A CHILD HOW TO BLOW THEIR NOSE

- Make sure the child is holding the tissue properly so that it protects their fingers from secretions.
- Hold a tissue to your nose and ask the child to imitate what you are doing.
- Tell them to blow gently, one nostril at a time, while blocking the other nostril.
- If necessary, help the child hold the tissue to avoid secretions being dispersed.
- Immediately throw the tissues in the trash.
- Wash your hands and those of the child.

CLEANING OBJECTS, SURFACES AND PREMISES

Identify the places where germs are most likely to be found:

AREAS THAT HAVE BEEN IN CONTACT WITH SKIN OR BODILY FLUIDS SUCH AS BLOOD OR FECES, INCLUDING:

- Changing tables
- Changing rooms, showers and toilets
- Shared sports equipment, such as mats

HIGH-TOUCH SURFACES, INCLUDING:

- Doorknobs
- Toys
- Tables used for meals
- Keyboards and mice of shared computers

IT IS RECOMMENDED TO FOLLOW A DISINFECTION SCHEDULE.



2 Ministère de la Santé et des Services sociaux (2023). *Hygiène et étiquette respiratoires*.

Online: publications.msss.gouv.qc.ca/msss/fichiers/guide-garderie/chap4-hygiene-respiratoire.pdf. (French only)

General recommendations for exclusion



NEW TABLE IN THE DEPARTMENTAL GUIDE TO DETERMINE WHEN EXCLUSION IS RECOMMENDED:

publications.msss.gouv.qc.ca/msss/fichiers/guide-garderie/chap3.pdf
(French only)

The following section contains recommendations on when to keep children at home, by disease. Generally speaking, we recommend keeping children at home in the following situations:

- Their general condition has changed, they lack energy, they are tired, they feel unwell, or they feel pain.
- They vomit or have diarrhea.
- They have a fever.

Children can resume activities after 24 hours without fever and without taking fever medication.

A fever is most often accompanied by other symptoms such as chills, skin that feels warm to the touch, a feeling of being cold, faster heartbeat, headache, faster breathing, and mottled skin.

METHOD	Rectal	Oral	Armpit	Ear
FEVER IF THE TEMPERATURE IS GREATER THAN OR EQUAL TO	38.5°C (101.3°F)	38.0°C (100.4°F)	37.5°C (99.5°F)	38.5°C (101.3°F)

RECOMMENDED TEMPERATURE-TAKING METHOD BASED ON CHILD'S AGE

AGE	Less than 3 months	3 months to 5 years	5 years and older
RECOMMENDED METHOD	Always use the rectal method	Most accurate: rectal Other method: armpit	Most accurate: rectal and oral (if the child cooperates) Other method: armpit

Note: Fever can be caused by teething in children aged 4 to 18 months.

LET US PROTECT THE ELDERS

While this guide focuses on disease transmission in children, it is also important to consider the seniors in the communities and people with weakened immune systems. We should therefore take precautions when a senior lives in the same household as a child with an infectious disease. Prevention methods include limiting contacts between them and enforcing hygiene measures in the home (e.g., washing hands more often, disinfecting surfaces).

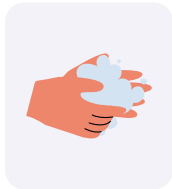
Skin diseases





Scabies

Contagious skin infestation caused by mites. The mites do not jump or fly, and they cannot survive more than four days without a human host.



PREVENTION AND CONTROL MEASURES

- Enforce hygiene measures.
- Monitor for new cases up to six weeks after the last case.
- Inform parents and staff about the disease and its modes of transmission.

EXCLUSION (RECOMMENDATION)

- Exclude until the end of the first treatment.
- Wash personal belongings (e.g., clothing, bedding, towels) used in the four days prior to treatment, as well as bedding and pajamas used during treatment, in hot water. Dry at high temperature for 20 minutes. It is not necessary to wash the clothes used after the treatment. Keep in closed plastic bags any non-washable items used by the child during the four days prior to treatment (e.g., plush toy, slippers). After four days, the items can be taken out of the bags and used, as the mites will be dead.
- In the case of crusted scabies, which is a rarer and more severe form of scabies, exclusion and control measures apply until all wounds are healed.

CONTAGIOUS PERIOD

Starts **six weeks before the onset of symptoms**, and persists until the first treatment is complete.

MODES OF TRANSMISSION



SYMPTOMS

- Itching, especially at night
- Lesions caused by scratching, which appear as small bumps, blisters or red lines
- Skin lesions that usually appear between the fingers and toes, inside the wrists and elbows, in the armpits, at the waist and on the genitals, buttocks and nipples
- In children two years and under, lesions on the scalp, face, palms of hands and soles of feet

These symptoms occur several days to several weeks after contact.



Impetigo

Superficial bacterial infection of the skin.



PREVENTION AND CONTROL MEASURES

- Enforce hygiene measures, particularly hand washing. Monitor for symptoms in people in contact with the lesions and refer them to a health professional, if applicable.

EXCLUSION (RECOMMENDATION)

- Exclude for at least 24 hours after the start of antibiotic treatment. In the absence of treatment, exclude the child until the lesions have healed fully.

CONTAGIOUS PERIOD

Rarely more than **24 to 48 hours** after starting **oral antibiotics**.

When ointment is applied:
until the lesions have dried up.

MODES OF TRANSMISSION



SYMPTOMS

- Painless, crusted rash or blisters, mainly on the face (nose, mouth, chin, behind the ears)
- Rarely, fever, and lesions that spread to the torso, hands and buttocks



Head lice (pediculosis)

Parasitic infestation of the scalp caused by head lice.

PREVENTION AND CONTROL MEASURES

Ensure children do not share personal belongings (e.g., combs, hairbrushes, hats, toques, pillowcases).

Regularly disinfect (in the event of an outbreak) personal belongings used by the affected persons as follows:



- Combs and hairbrushes: Soak in hot water at about 65 °C (150 °F), or in anti-lice solution (undiluted) for 5 to 10 minutes.
- Hats, caps, clothing, plush toys and sheets: Dry at high temperature for 20 minutes, dry clean or store in a sealed plastic bag for 10 days.

EXCLUSION (RECOMMENDATION)

- Do not exclude the infested child from daycare or school.
- Exclusion is not recommended, as the majority of affected people can transmit lice several weeks before being diagnosed. However, in special situations such as a massive (e.g., hundreds of lice and live nits) and persistent outbreak, some children may be excluded for a short period of time.

CONTAGIOUS PERIOD

Until elimination, with a simple shampoo, of the eggs (called nits) and live lice on the head. Your community nurse can treat this infestation.

MODES OF TRANSMISSION



Direct contact with the hair or scalp of an infected person.



Indirect contact (through contaminated personal belongings such as a hairbrush, comb or hat).

SYMPTOMS

- Itching of the scalp
- Occasionally, reddish 2-3-mm bumps behind the ears

People are often asymptomatic.



Hand, foot and mouth disease

Viral infection that occurs more often in the summer and fall.

PREVENTION AND CONTROL MEASURES

- Enforce hygiene and cleaning measures, especially hand washing, and use proper diaper-changing and nose-blowing methods. Clean and disinfect all surfaces, including toys.



EXCLUSION (RECOMMENDATION)

- Do not exclude the child if they feel well enough to participate in group activities.

CONTAGIOUS PERIOD

Most contagious while symptoms are present. The virus can persist in stools for several weeks or even months. Virus elimination in respiratory secretions usually lasts for **one to three weeks**.

MODES OF TRANSMISSION



SYMPTOMS

- Fever and rash with blisters or ulcers (containing a clear or yellowish fluid) on the mouth, hands and feet
- Refusal to eat
- Irritability
- Diarrhea
- Possible lesions on the buttocks and upper thighs
- Painful lesions in the mouth
- In girls, possible lesions in the groin or on the vulva or anus



Roseola (sixth disease)

Disease caused by infection with human herpesvirus-6.

PREVENTION AND CONTROL MEASURES

- Enforce hygiene measures, especially hand washing, and use the proper nose-blowing method. Clean and disinfect all surfaces, including toys.



EXCLUSION (RECOMMENDATION)

- Do not exclude the child if they feel well enough to participate in group activities.

CONTAGIOUS PERIOD

Unknown, but the disease is **not very contagious**.

MODES OF TRANSMISSION



SYMPTOMS

- High fever that lasts for three to five days
- Small pinkish or reddish spots on the torso or neck, which then spread to the face and limbs (arms and legs) for one or two days
- Rashes (without itching) that appear 24 to 48 hours after the fever disappears
- Runny nose
- Mild diarrhea
- Irritability

An infected person may be asymptomatic.



Measles

Measles is a highly contagious viral infection. Thanks to the high vaccination rate, few measles cases have been reported in Quebec in the past 15 years.

PREVENTION AND CONTROL MEASURES

- Vaccinate children.
- Enforce hygiene measures, especially hand washing, use the proper nose-blowing method, and disinfect all surfaces.
- Monitor the onset of symptoms in people who have been in contact with a reported case.
- Refer people with symptoms to the health centre.



EXCLUSION (RECOMMENDATION)

- Exclude the child from daycare or school until the fourth day (inclusive) after the rash appears and allow them to return when their health permits it.

IMPORTANT

This is a **reportable disease**: You must notify your community health department if a case is reported.

CONTAGIOUS PERIOD

From **four days before** to **four days after the rash appears**.

MODES OF TRANSMISSION



SYMPTOMS

- Widespread rash beginning on the forehead and ears and spreading to the face, torso and limbs, disappearing in five to six days with darkening and peeling of the skin
- Small red bumps spaced out on healthy skin on the torso and limbs, and closer together on the face, neck and shoulders
- Redness inside the mouth, whitish spots inside the cheeks, sometimes blisters on the roof of the mouth



Rubella

Highly contagious viral infection that occurs more often in the fall and winter.

PREVENTION AND CONTROL MEASURES

- Vaccinate children.
- Enforce hygiene measures, especially hand washing, and use the proper nose-blowing method. Clean and disinfect all surfaces, including toys.



EXCLUSION (RECOMMENDATION)

- Do not exclude the child if they feel well enough to participate in group activities.

IMPORTANT

This is a **reportable disease**: You must notify your community health department if a case is reported.

The rubella virus can cause complications during pregnancy. Extra precautions should be taken for pregnant women.

CONTAGIOUS PERIOD

From about **one week before** to about **one week after** the rash appears.

MODES OF TRANSMISSION



SYMPTOMS

- Red or pink rash first appearing on the face, mainly on the cheeks, then spreading to the torso and limbs (arms and legs)
- The rash is not itchy and disappears after three or four days
- Mild fever
- Nausea
- The inside of the mouth is not affected, except for occasional small, red spots on the roof of the mouth

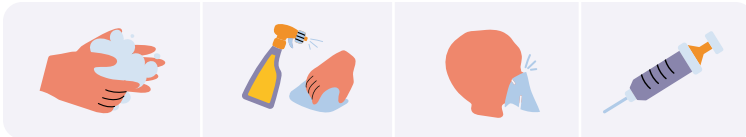


Chickenpox

Viral infection that occurs more often in late winter and early spring.

PREVENTION AND CONTROL MEASURES

- Vaccinate children (according to the regular vaccination schedule for children in Quebec). The chickenpox vaccine may also be administered to unvaccinated individuals within five days of contact with an infected person.
- Enforce hygiene measures, especially hand washing, and use the proper nose-blowing method. Clean and disinfect all surfaces, including toys.



EXCLUSION (RECOMMENDATION)

- Do not exclude the child if they feel well enough to participate in group activities.

CONTAGIOUS PERIOD

From one to two days before the rash appears until all lesions are crusted over. Chickenpox is highly contagious.

MODES OF TRANSMISSION



SYMPTOMS

- Mild fever
- Widespread itchy rash
- The rash evolves over time: redness, small blisters, then scabs



Fifth disease (infectious erythema)

Viral disease with no serious consequences characterized by a rash, more common in children over five years of age. It usually occurs in winter and spring.

PREVENTION AND CONTROL MEASURES

- Enforce hygiene measures, especially hand washing, and use the proper nose-blowing method. Clean and disinfect all surfaces, including toys.
- Refer pregnant women, people with hemolytic anemia and immunosuppressed people to a health professional.



EXCLUSION (RECOMMENDATION)

- Do not exclude the child if they feel well enough to participate in group activities.

CONTAGIOUS PERIOD

Up to **seven days before the rash appears**. Infected people are no longer contagious by the time the rash appears, except for immunosuppressed people, in whom it can last months, even years.

MODES OF TRANSMISSION



Can be transmitted from mother to fetus. Infection during pregnancy can lead to harmful consequences for the fetus.

SYMPTOMS

- Similar to a cold: headache, general discomfort, muscle or joint pain
- Initial rash on the face ("slapped cheeks" look) that spreads to the torso and limbs
- For several weeks, the rash can be exacerbated by sun or heat, or physical exertion

Respiratory tract infections





Bronchiolitis

Viral lung infection. Bronchiolitis is more common in newborns and babies under one year of age.

PREVENTION AND CONTROL MEASURES

- Enforce hygiene measures, especially hand washing, and use the proper nose-blowing method. Clean and disinfect all surfaces, including toys.



EXCLUSION (RECOMMENDATION)

- Do not exclude the child if they feel well enough to participate in group activities.

CONTAGIOUS PERIOD

Depending on the cause, it varies from **three to eight days** after the onset of disease, but it **can last up to three weeks**.

MODES OF TRANSMISSION



SYMPTOMS

- Hollow cough
- Runny nose
- Mild fever
- Wheezing and rapid breathing
- Agitation
- Indrawing (skin getting sucked in under or between the ribs when breathing) and flaring of nostrils when breathing
- Possibility of developing an earache

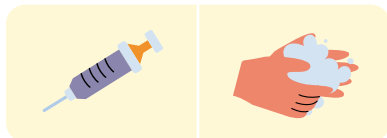


Pertussis (whooping cough)

Bacterial infection of the respiratory tract.
It can be very serious in infants.

PREVENTION AND CONTROL MEASURES

- Vaccinate children (according to the regular vaccination schedule for children in Quebec).
- Enforce hygiene measures.
- Check with parents that a diagnosis has been made.
- Monitor for symptoms in people in contact and refer them to a health professional.



EXCLUSION (RECOMMENDATION)

- Exclude the child for up to five days after the start of antibiotic treatment.
- Without treatment, the child should be excluded for up to three weeks after the onset of cough or until the cough disappears, whichever comes first.

IMPORTANT

This is a **reportable disease**: You must notify your community health department if a case is reported.

CONTAGIOUS PERIOD

Begins **at onset of runny nose** and can last:

- Up to five days after the start of antibiotic treatment
- Up to three weeks after the onset of cough
- Until the cough is gone

MODES OF TRANSMISSION



SYMPTOMS

- Discomfort
- Loss of appetite
- Runny nose
- Watery eyes
- Coughing spells
- No or mild fever

Coughing spells are episodes of prolonged, uncontrollable cough that often end with gagging or vomiting. Infants may stop breathing for a moment and develop bluish skin and mucous membranes (cyanosis).

Whooping cough is characterized by a cough that sounds like a rooster crowing (a high-pitched, hoarse sound when the child tries to catch their breath).

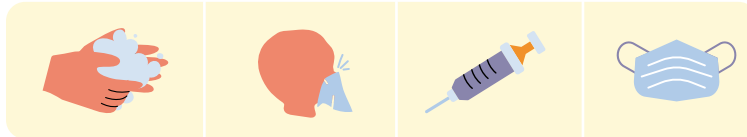


COVID-19

COVID-19 is a coronavirus infection that mainly affects the respiratory tract.

PREVENTION AND CONTROL MEASURES

- Vaccinate children.
- Enforce hygiene measures, such as hand washing and proper nose blowing.
- It is recommended to wear a mask when caring for an infected child.



EXCLUSION (RECOMMENDATION)

Although many restrictions have been applied to those infected with COVID-19 in recent years, this is no longer the case. COVID-19 is now considered the same as other viral respiratory infections. However, as this is a new infection, it is recommended to stay informed of any new guidelines issued by health authorities.

- If the child has a fever, they should not be kept at home.
- Do not exclude the child if they feel well enough to participate in group activities.

CONTAGIOUS PERIOD

Current knowledge does not allow us to accurately determine the contagious period of COVID-19. However, a person with COVID-19 may be considered contagious for **48 hours** before the symptoms appear and for up to **10 days after**.

MODES OF TRANSMISSION



SYMPTOMS

Main symptoms

- | | |
|--|-----------------------------|
| → Fever | → Cough (new or aggravated) |
| → Sudden loss of smell without nasal congestion, with or without loss of taste | → Shortness of breath |
| | → Difficulty breathing |
| | → Sore throat |

Secondary symptoms

- | | |
|---|----------------------------|
| → Runny nose or nasal congestion (stuffy nose) of unknown cause | → Extreme loss of appetite |
| → Headache | → Nausea or vomiting |
| → Extreme fatigue | → Stomach ache |
| → Generalized | → Diarrhea |



Pharyngitis, strep throat and scarlet fever

Bacterial infections of the throat. When the tongue is bright red and a rough, sandpaper-like rash appears on the neck, chest, armpit folds, elbows, groin and knees, it may be scarlet fever.

PREVENTION AND CONTROL MEASURES

- Enforce hygiene measures, especially hand washing, and use the proper nose-blowing method. Clean and disinfect all surfaces, including toys.
- Monitor for symptoms in people in contact with the infected child and refer them to a health professional.



EXCLUSION (RECOMMENDATION)

- Exclude the child for up to 24 hours after the start of treatment and until they feel well enough to participate in the activities.

CONTAGIOUS PERIOD

Up to 24 hours after the start of antibiotic treatment.

Two to three weeks if the infection is not treated.

MODES OF TRANSMISSION



SYMPTOMS

- Fever
- Sore throat
- Nausea and vomiting
- Loss of appetite
- Headache
- Swollen lymph nodes and red throat



Pneumococcal disease

Bacterial or viral infection of the lower respiratory tract.

PREVENTION AND CONTROL MEASURES

- Enforce hygiene measures, especially hand washing, and use the proper nose-blowing method. Clean and disinfect all surfaces, including toys.



EXCLUSION (RECOMMENDATION)

- Exclude the child for up to 24 hours after the start of treatment and until they feel well enough to participate in the activities.

CONTAGIOUS PERIOD

Up to 24 hours after the start of antibiotic treatment.

MODES OF TRANSMISSION



SYMPTOMS

- Fever
- Chills
- Cough
- Shortness of breath



Cold

Viral infection of the upper respiratory tract.

PREVENTION AND CONTROL MEASURES

- Enforce hygiene measures, especially hand washing, and use the proper nose-blowing method. Clean and disinfect all surfaces, including toys.



EXCLUSION (RECOMMENDATION)

- Do not exclude the child if they feel well enough to participate in group activities.

CONTAGIOUS PERIOD

From **24 hours before** until about **seven days after** the symptoms appear.

MODES OF TRANSMISSION



SYMPTOMS

- Cough
- Sore throat
- Runny nose, nasal congestion
- Mild fever



Flu

Respiratory tract infection caused by the influenza virus.

PREVENTION AND CONTROL MEASURES

- Vaccinate children (according to the regular vaccination schedule for children in Quebec).
- Enforce hygiene measures, especially hand washing, and clean and disinfect all surfaces, including toys.



EXCLUSION (RECOMMENDATION)

Exclusion is recommended in the following situations:

- The child is too ill to participate in daycare activities.
- The child has a fever.
- The child's stools are not contained in a diaper, or the child is incontinent (cannot make it to the bathroom).

CONTAGIOUS PERIOD

From **24 hours before** until about **seven days after** the symptoms appear. This period may be longer in young children and immunosuppressed people.

MODES OF TRANSMISSION



SYMPTOMS

- High fever
- Cough
- Sore throat
- Muscle pain, fatigue and exhaustion
- Vomiting, abdominal pain and diarrhea (especially in children)
- Refusal to drink or eat
- Decreased interest in activities and severe weakness in very young children

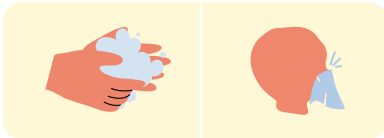


Tuberculosis

Infection caused by a mycobacterium.

PREVENTION AND CONTROL MEASURES

- Enforce hygiene measures, such as hand washing and proper nose blowing.
- Consult a health professional upon onset of symptoms.



EXCLUSION (RECOMMENDATION)

- Exclude from daycare or school until a health professional advises their return.

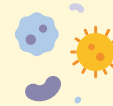
IMPORTANT

This is a **reportable disease**: You must notify your community health department if a case is reported.

CONTAGIOUS PERIOD

Children under the age of 10 with pulmonary tuberculosis are generally considered to be **not very contagious**, especially because there is often no cough.

MODES OF TRANSMISSION

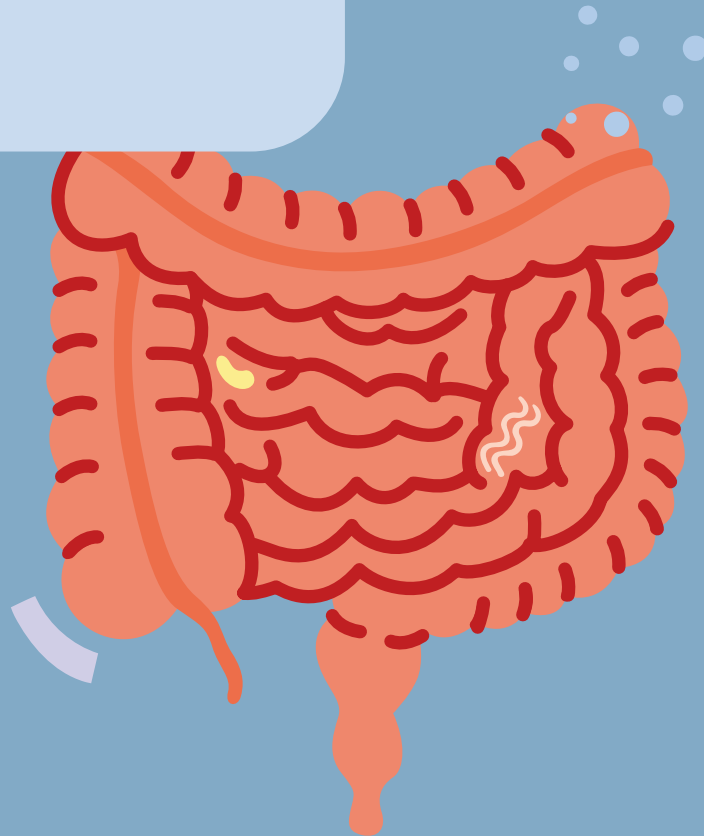


SYMPTOMS

- Cough that lasts more than three weeks, often accompanied by sputum
- Fever
- Extreme fatigue
- Loss of appetite
- Night sweats
- Weight loss

Gastrointestinal diseases

+

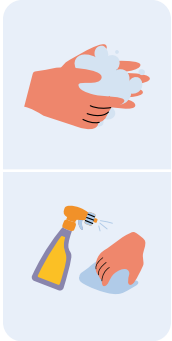




Infectious gastroenteritis

Intestinal disorder caused by different microbes.

PREVENTION AND CONTROL MEASURES



- Enforce hygiene measures, especially hand washing and proper diapering, and disinfect objects, surfaces and premises.
- Use only disposable diapers.
- Prohibit people who prepare and serve meals from changing diapers.
- Keep children with diarrhea away from swimming areas.
- Monitor for symptoms in people in contact with the child and refer them to a doctor, if applicable.
- Check for the possibility of food poisoning.

EXCLUSION (RECOMMENDATION)

Exclusion is recommended in the following situations:

- The child is too ill to participate in daycare activities.
- The child has a fever.
- The child has vomited more than twice in the last 24 hours.
- The child has blood and mucus in their stools.
- The child's stools are not contained in a diaper, or the child is incontinent (cannot make it to the bathroom).

CONTAGIOUS PERIOD

Varies and usually corresponds to the most intense phase of the disease, but it can be prolonged.

MODES OF TRANSMISSION



SYMPTOMS

- Watery, frequent and abundant diarrhea in a period of less than 48 hours
- Nausea
- Vomiting
- Stomach pain
- Fever

For it to be considered an outbreak, at least two children in the same group must have these symptoms.



Pinworms

Common intestinal infection caused by tiny, white, threadlike worms measuring one centimetre long.

PREVENTION AND CONTROL MEASURES

Ensure that the infected person receives treatment and that the hygiene measures described below are followed.

Since treatment does not eliminate the eggs, personal hygiene measures can help reduce the risk of re-infection or transmission.

- Take a shower as soon as you wake up to eliminate eggs laid overnight. Avoid taking a bath and sharing the shower.
- As soon as you wake up, remove all clothes in contact with the buttocks, ideally in the shower. Avoid shaking, as eggs may scatter.
- Wash bedding and clothing frequently.
- Vacuum frequently.
- Keep the nails short to prevent eggs from lodging under the nails.
- Wash hands frequently with soap and water, especially before meals and snacks, before preparing food, after using the toilet, or after changing a diaper.
- Avoid biting your nails, scratching the area around the anus and touching your mouth.

CONTAGIOUS PERIOD

Up to 24 hours after the start of antibiotic treatment. Two to three weeks if the infection is not treated.

MODES OF TRANSMISSION

Spread by the ingestion of eggs:



Hands, clothing, bedding, towels, washcloths, toilet seats and bathtubs



Contaminated water



SYMPTOMS

- Often no symptoms
- Anal itching in the evening or at night (more rarely: itching of the vulva)
- Disturbed sleep
- Irritability
- Possible presence of worms in stools



Continued Pinworms

Common intestinal infection caused by tiny, white, threadlike worms measuring one centimetre long.



EXCLUSION (RECOMMENDATION)

- Do not exclude the child if they have received treatment and feel well enough to participate in group activities.
- Family members of the infected child, as well as anyone who has been in contact with the child and is experiencing symptoms, should also receive treatment.

Others



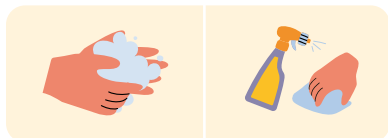


Meningitis

Inflammation of the meninges (protective membranes covering the brain and spinal cord) caused by a multitude of bacteria and viruses, unknown in more than half of cases.

PREVENTION AND CONTROL MEASURES

- Enforce hygiene measures, especially hand washing, and clean and disinfect all surfaces.



EXCLUSION (RECOMMENDATION)

- Exclude the child for the duration of symptoms. Readmit them to daycare when their health permits.
- Provide a letter to parents whose children may have been in contact with the infected person (see the attached template, if necessary).

CONTAGIOUS PERIOD

Lasts as long as the infected person is eliminating the virus.

- Elimination in the stools lasts **several weeks after** the onset of the disease.
- Elimination in the respiratory tract lasts a **maximum of seven days**.

MODES OF TRANSMISSION



SYMPTOMS

Symptoms of viral meningitis are similar to those of a flu or a cold.

- Fever
- Cough
- Nasal secretions
- Muscle pain and fatigue

In the case of a bacterial infection, the affected person becomes ill very quickly.

- Headache
- High fever
- Neck pain and stiffness
- Nausea and vomiting
- Drowsiness and confusion
- Rash in some cases



OTHERS

Lyme disease (ticks)

Bacterial infection resulting from an infected tick bite.

PREVENTION AND CONTROL MEASURES

- Wear long, light clothing. This will make ticks more visible.
- Tuck sweaters into pants and the bottom of pants into socks, or wear clothes that are tight at the waist, wrists and ankles.
- Wear a hat.
- Wear closed shoes.
- Use insect repellent, preferably DEET-based.
- Regularly check skin for tick bites, especially if outdoor activities take place in rural or wooded areas (e.g., hiking, camping).

Parents of children living in wooded or rural areas should inspect their child's skin daily. The risk of transmission of Lyme disease is low if the tick remains attached for less than 24 hours.

CONTAGIOUS PERIOD

Lyme disease is **not contagious**.

MODES OF TRANSMISSION

This is a vector-borne disease resulting from an infected tick bite. Not all ticks carry Lyme disease.

SYMPTOMS

The most common symptom is a red rash that causes little or no pain or itching. It appears where the person was bitten, most often on the thighs, groin, armpits or torso. It lasts at least 48 hours, and it grows rapidly to over 5 cm. The rash can sometimes be circular or look like a bull's-eye. It can be very pale, with poorly defined edges. The rash most often appears 7 to 14 days after the tick bite, and it can last for 3 to 30 days.

Other signs of infection are general symptoms such as fatigue, muscle and joint pain, headache, stiff neck, loss of appetite and fever.



OTHERS

Continued Lyme disease (ticks)

Bacterial infection resulting from an infected tick bite.

WHAT TO DO IN THE EVENT OF A TICK BITE

- After notifying parents of the situation, the daycare director or a parent must remove the tick as quickly as possible (within 24 hours), as shown in the image below.³ It is important to make sure that there are no other bites or ticks.
- Note the date and place of the bite, as well as the area of the body where the tick was found.
- Call 811 to find out if ticks are known to carry Lyme disease in that geographic area. Depending on the case, the affected person may need to see a doctor to receive a preventive antibiotic.
- If the daycare director removed the tick, they should give it to the parents along with a letter informing them of the situation (see the template in the appendix).
- In the case of a bite, monitor for symptoms over the following month. If symptoms of Lyme disease appear, it is important to consult a health professional as soon as possible.



- Place the tick in an airtight container. It is recommended that you bring it to the community health centre for testing.

EXCLUSION (RECOMMENDATION)

- Do not exclude the child if they feel well enough to participate in group activities.

³ Government of Quebec (2023). *Removing a tick after a bite*. Online: quebec.ca/en/health/advice-and-prevention/health-and-environment/removing-a-tick-after-a-bite.



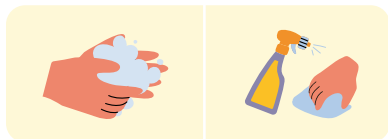
OTHERS

Infectious conjunctivitis (pinkeye)

Viral or bacterial infection of the eye.

PREVENTION AND CONTROL MEASURES

- Enforce hygiene measures.
- If necessary, clean the secretions from the eyes with a cloth, cotton balls or tissue, moving from the inner corner to the outer corner of the eye.
- Use one tissue per eye per child, and immediately discard it in a closed trash can.
- Wash your hands and the child's hands before and after treatment, and after contact with secretions.
- Avoid swimming if there is any discharge from the eye.



EXCLUSION (RECOMMENDATION)

- No exclusion, except in the case of an outbreak (three or more children diagnosed, or two children in the same group).
- In case of fever or significant eye involvement, refer the child to a health professional and readmit them to daycare based on the professional's recommendations.

CONTAGIOUS PERIOD

Viral and bacterial infections are highly contagious and can be transmitted for **up to 14 days**.

MODES OF TRANSMISSION



With the eye secretions of the infected person



With a contaminated hand or object, such as a washcloth

SYMPTOMS

- Redness and swelling of the eyelids
- Sensitivity to light
- Tears and discharge with or without pus
- Eyelids stuck on awakening
- Feeling of having something in the eye



OTHERS

Cytomegalovirus

Cytomegalovirus is a virus of the herpes family.

PREVENTION AND CONTROL MEASURES

- Enforce hygiene measures such as hand washing, both at home and at the daycare.
- Special preventive measures must be taken for pregnant or nursing employees who are in close contact with children 48 months of age and under. These individuals should be referred to a health professional, if applicable.



EXCLUSION (RECOMMENDATION)

- Do not exclude the child if they feel well enough to participate in group activities.

CONTAGIOUS PERIOD

Several months or even several years in the case of a congenital infection.

MODES OF TRANSMISSION



Transmission is mainly through contact with saliva or urine.

SYMPTOMS

Acquired infection: Cytomegalovirus infection acquired during delivery, breastfeeding or later in life is most often asymptomatic. It can sometimes cause the following symptoms:

- Fatigue
- Dark urine
- Sore throat
- Nausea
- Headache
- Yellowing of the skin and eyes
- General discomfort
- Fever
- Abdominal pain

In immunosuppressed people, pulmonary, digestive, neurological or renal disorders are observed.



Otitis media (middle ear infection)

Viral or bacterial infection of the ear that often occurs as a result of a cold or a respiratory allergy.

PREVENTION AND CONTROL MEASURES

- Make children drink in a sitting position, as lying down promotes the development of ear infections.
- Limit the use of a pacifier, especially in children over 12 months of age.
- Administer nasal saline solutions.
- Contain the discharge from the ear as much as possible.

EXCLUSION (RECOMMENDATION)

- Do not exclude the child if they feel well enough to participate in group activities.

CONTAGIOUS PERIOD

It is not infectious.

MODES OF TRANSMISSION

An ear infection is very often a complication of a cold, which is transmitted from one child to another.

SYMPTOMS

- Fever
- Earache and fluid draining from the ear
- Crying
- Irritability in infants
- Decreased appetite
- Nocturnal awakenings



Appendix

LETTER TO PARENTS

In the case of an infection at your childcare centre, it is best to inform the children's parents and guardians. You can provide information about the measures you are taking and the best practices to adopt to prevent the spread of the disease.

Below is a template you can use. Do not name the children in question to respect their confidentiality.

Date: _____ Childcare centre: _____

Subject: _____ Infection: _____

Hello,

Your child may have been in contact with someone with _____
at their childcare centre.

This is _____

(insert the definition listed earlier in the guide)

The main symptoms to watch for are:

(insert the symptoms listed earlier in the guide)

If your child, whether vaccinated or not, develops any of these symptoms, please notify the childcare centre and go to your community health centre with this letter.

Your child may return to the childcare centre depending on their health condition and the health professional's recommendations.

In the meantime, rest assured that we are doing everything necessary to limit the spread of the infection.

Thank you for your cooperation.

Name: _____ **(please print)** Signature: _____

Title: _____ Telephone: _____ - _____ - _____

Bibliography

Ministère de la Santé et des Services sociaux du Québec (2024). *Transmission des infections dans les services de garde et écoles*. Online: publications.msss.gouv.qc.ca/msss/fichiers/guide-garderie/chap2.pdf.

Gouvernement du Québec (2023). *Symptoms, transmission and treatment (COVID-19)*. Online: quebec.ca/en/health/health-issues/a-z/2019-coronavirus/symptoms-transmission-treatment.

Institut national de santé publique du Québec (2020). *Exposition professionnelle à cytomégalovirus durant la grossesse et l'allaitement*. Online: inspq.qc.ca/sites/default/files/publications/2693_exposition_professionnelle_cytomegalovirus_grossesse.pdf.

Naître et grandir (2020). *Le lavage des mains*. Online: naitreetgrandir.com/fr/sante/lavage-mains/.

Durham Region (2023). *Child Care Centre Cleaning and Disinfection Schedule*. Online: durham.ca/en/health-and-wellness/resources/Documents/OperatingaChildCareCentre/DUHEV195CleaningSanitizingSchedule.pdf.

Ministère de la Santé et des Services sociaux du Québec (2019). *Lignes directrices pour le contrôle de la pédiculose du cuir chevelu dans les écoles et les services de garde éducatifs à l'enfance*. Online: publications.msss.gouv.qc.ca/msss/fichiers/2019/19-271-08W.pdf.

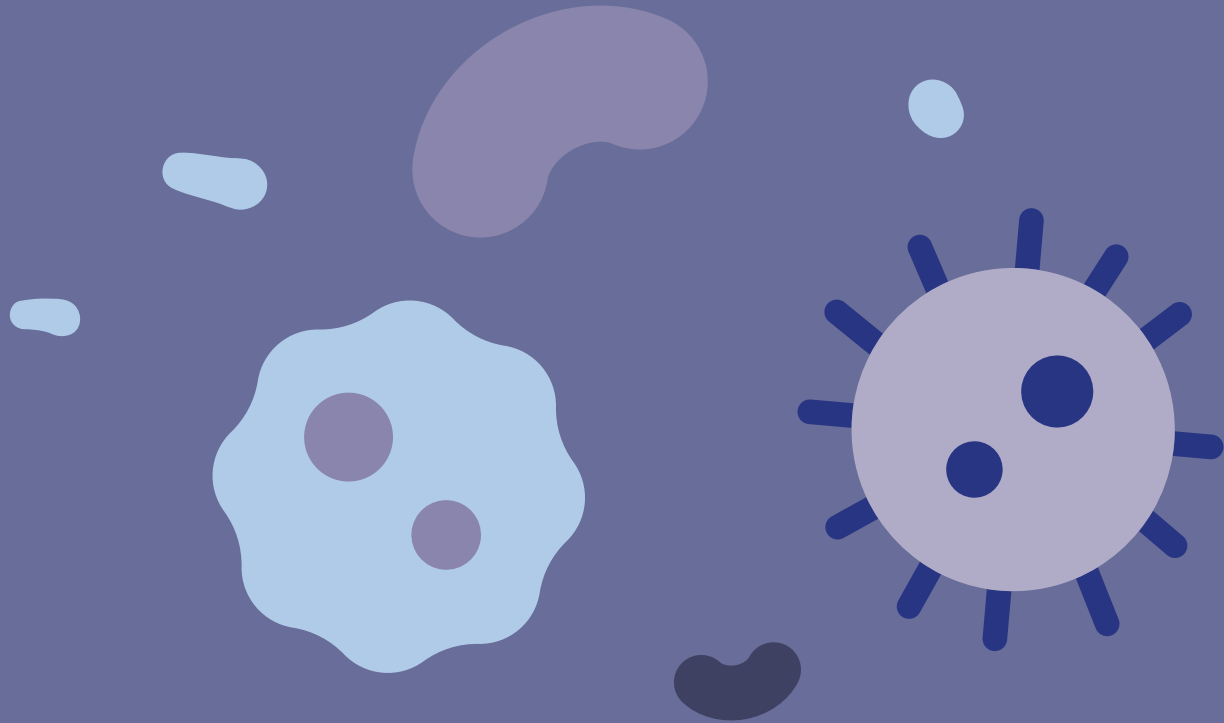
Gouvernement du Québec (2023). *Educational childcare services in the context of viral respiratory infections including COVID-19*. Online: quebec.ca/en/family-and-support-for-individuals/services-de-garde-educatifs-a-lenfance-dans-le-contexte-de-la-covid-19#c79470.

Ministère de la Santé et des Services sociaux du Québec (2019). *Piqûre de tique*. Online: publications.msss.gouv.qc.ca/msss/fichiers/guide-garderie/chap5-piqure-de-tique.pdf.

Government of Canada (2024). *Lyme disease: Symptoms and treatment*. Online: canada.ca/en/public-health/services/diseases/lyme-disease.html#a4

Government of Canada (2024). *Respiratory infectious diseases: How to reduce the spread with personal protective measures*. Online: canada.ca/en/public-health/services/diseases/respiratory-infectious-diseases-reduce-spread-personal-protective-measures.html

Gouvernement du Québec (2023). *Lice... Lice... Lice... All there is to know about head lice*. Online: publications.msss.gouv.qc.ca/msss/fichiers/2023/23-276-01A.pdf



Mission

To accompany Quebec First Nations in achieving their health, wellness, culture and self-determination goals.

Vision

First Nations individuals, families and communities are healthy, have equitable access to quality care and services, and are self-determining and culturally empowered.



FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION