POISONOUS SUBSTANCES — STORAGE

Section 14(1)
Every licensee shall label and store all poisonous and inflammable substances in a location which is inaccessible to children in attendance at the licensee's child care centre.

Guideline
A location inaccessible to children may include a locked cupboard, cabinet or box, an area outside of the child care centre, or a location within the centre which is inaccessible to children even by reaching or climbing.

PERSONAL PROPERTY

Regulation 14(2)
Every licensee shall ensure that clothing, bedding and grooming materials for the use of children in attendance at the licensee's child care centre shall:
(a) not be exchanged among children;
(b) be stored in a manner acceptable to the health authority;
(c) be washed weekly or more frequently if required; and
(d) meet safety standards as determined by the director.

Guideline
If a centre maintains a box of spare clothing for the use of children, the clothing must be washed after each use.

Toothbrushes and combs must be clearly labelled with each child’s name and stored individually. Mats or cots must be easy to clean and labelled with each child’s name. Mats, cots and cribs must be wiped with a sanitizing solution of one part bleach to 100 parts water. Bedding must be washed weekly, or immediately if soiled, using bleach in the wash cycle. Mats and cots must be stored without the bottom of the mat or cot contacting the bedding.
ANIMALS

Section 14(4)

Every licensee who keeps animals in a child care centre shall:

(a) provide evidence that the animals have had all vaccinations as required by the health authority; and

(b) keep the animals in a manner acceptable to the health authority.

Guideline

Domesticated dogs and cats, rabbits, hamsters, guinea pigs, gerbils, mice, rats, tropical fish and small birds (ex: budgies, canaries, finches, lovebirds), may be kept in a centre as long as public health guidelines are followed. Refer to the City of Winnipeg’s Guide to a Healthy Child Care Environment for Information.

Exotic birds, turtles, poisonous reptiles (ex: snakes, iguanas, lizards), spiders, ferrets and chinchillas cannot be kept in a centre, unless special authorization is given by the public health authority, due to the risk of communicable diseases, bites, scratches or allergies.

Some birds may be carriers of psittacosis, a common infection in birds and a health risk to children and adults with weakened immune systems. Because tests for the bacteria are unreliable, birds are not recommended for centres. If they are kept:

• annual testing is required
• birds must be caged and not permitted to fly freely
• bird cages must be cleaned daily to reduce odour, bird dust and loose feathers
• gloves must be worn when reaching inside the cage
• strict handwashing procedures must be followed

Where cats or dogs are kept in a centre, evidence of the animal’s annual rabies vaccinations shall be kept on file. Centres must also ensure animals are checked annually for worms and parasites annually to prevent the transmission of infectious diseases to humans.

All pets housed in a centre must be kept away from the kitchen and eating areas and should have suitable living quarters kept sanitary, well-ventilated, clean and free from odours. Pets must be kept clean and all waste and used cage shavings disposed of in plastic bags tied and placed in metal containers. Always wear rubber gloves when reaching inside the cage. Staff who cleans up after animals should not prepare or serve food at the centre. A charting system should be used to record the cleaning and feeding schedule of pets.
Centres should become familiar with the needs and characteristics of their animals, food handling, possible diseases and temperament. Veterinarians should be consulted for this information. All children and adults must wash their hands immediately after handling animals.
SMOKING PROHIBITED
Section 14(6)
A licensee shall not permit any person to smoke on the premises of a child care centre during operating hours.

HOT BEVERAGES
Section 14(7)
A licensee shall not permit the drinking of hot beverages by adults in areas in the licensee’s child care centre in which children are engaged in play activities.

Guideline
Adults are not allowed to drink hot beverages any time in the presence of children, including times when adults are eating with children. This rule is intended to prevent children from receiving serious burns from hot beverages.
FIRST AID KIT

Section 14(10)
Every licensee shall provide and maintain a first aid kit in a location in the licensee's child care centre which is inaccessible to children and which conforms with the guidelines provided by the director.

Section 14(11)
Every licensee shall take a first aid kit which meets the requirements in subsection (10) on children's outings away from the licensee's child care centre.

Guideline
Supplies for first aid kits should include the following items or suitable alternatives:
• gauze pads (individually packaged) 2" x 2", 4" x 8"
• gauze bandage 2" – 1 roll
• band aids (assorted sizes)
• hypo-allergenic tape
• alcohol wipe packets
• triangular bandage
• scissors
• tweezers
• safety pins
• pencil and paper
• emergency phone numbers
• disposable gloves

First aid supplies may be purchased and stored individually. Supplies must be checked regularly, replenished and changed when necessary.

The following supplies may be included at the discretion of the licensee:
• distilled water (recommended for outings)
• blanket (recommended for outings)
• Syrup of Ipecac (monitor expiry date; should be used only after a physician or the Poison Control Centre has been contacted)
Whenever children and staff go anywhere away from the centre, a first aid kit must be taken. This applies to centre vehicles used on a regular basis to transport children to and from school or on field trips.

**Best Practice**

Up-to-date child information cards for every child enrolled containing information, as outlined in Section 6(8)(c), are kept in a portable first aid kit to be taken on excursions.

Individual and up-to-date staff information cards, including name, address, date of birth, health information and an emergency contact name and phone number, are taken on outings.
**MEDICATION**

Section 14(12)

Every licensee who agrees to administer patent or prescribed medicine to a child in attendance at the licensee's child care centre shall:

(a) obtain prior written permission from the child's parent or guardian;
(b) keep written records of each dose, including the child's name, the parent's or guardian's signature, date, time and amount of the dose administered and shall initial the record after the dose is administered;
(c) accept only medicine brought to the child care centre by the parent or guardian, and which is supplied in the original container in the case of patent medicine, or in a container supplied for the purpose by a pharmacist in the case of prescribed medicine;
(d) designate one staff person on duty with the responsibility of administering the medicine; and
(e) ensure that the medicine is labelled with the child's name, expiry date, dosage, time and method of administration and is stored in a location which is inaccessible to children.

**Guideline**

A location inaccessible to children may include a locked cupboard, cabinet or box; an area outside of the premises of the child care centre, or a location within the centre not reachable by children even by reaching or climbing. If the medication requires refrigeration, storage should be in a leakproof locked box in the refrigerator and clearly labelled “Medication Storage.”

**Best Practice**

A comprehensive and co-ordinated plan for children with anaphylaxis and other life-threatening allergies is developed with support from the Unified Referral and Intake System (URIS) to ensure children can participate safely and fully.

Individual medical plans are prepared before the centre enrolls a child with a medical condition that may be life threatening or will require health care routines performed by a health care professional or staff.

Individualized medical plans include the following:

- description of the child’s medical condition
- treatment protocols to be followed
- medication to be given, including specific times and dosage
- each child’s emergency contacts
- procedures to follow to minimize risk to the child
• signs of a medical emergency
• steps to be followed and medication to be administered, as prescribed by the child's
  physician, in the event of an emergency, and how to give the medicine
• contact information for ambulances, parents and medical professionals
• procedures to follow to ensure a child is accompanied by a familiar adult if the child must
  be transported to hospital
• training required for health care routines or response to medical emergencies

Parents or guardians give consent for staff to administer medication. The plan may
also contain an assessment by a health care professional that the child is capable of
self-administering medication.

The individual medical plan is approved in writing by the child's parents or guardians.

The plan identifies each of the staff, including substitutes responsible for any aspect of the
child's medical plan and the support required, as well as the necessary training and who
provides it. Records are maintained noting which staff took the training, who provided the
training and when.

All staff are kept informed of individual medical plans.

The individual medical plan is kept on file by the centre and reviewed at least annually with
the child's parents and a health care professional noting the review date.

The centre uses the resource, *Caring for Children with Anaphylaxis in a Child Care Program*,
available under Publications and Information at www.manitoba.ca/childcare.
COMMUNICABLE DISEASE

Section 14(13)
When a licensee is aware that a child attending a licensee's child care centre has contracted a communicable disease the licensee shall:
(a) promptly notify the parent, guardian or physician of the child; and
(b) notify the health authority according to guidelines provided by the health authority.

Section 14(14)
A licensee shall not permit a child suffering from a communicable disease or acute illness to attend the licensee's child care centre during any period prescribed by the health authority for non-attendance.

Guideline
Communicable diseases can be controlled by following good health habits. Refer to Manitoba Health's publication, *Infection Control Guidelines for Day Care Facilities.*
INJURIES
Section 14(15)
Every licensee shall notify the parents or guardians immediately and the director within 24 hours of the occurrence of an injury requiring medical attention to any child in attendance at the licensee’s child care centre.

Guideline
Any injury requiring medical attention must be reported. Centres must tell the Manitoba Child Care Program about the type and seriousness of the injury, the name of the injured child, how it happened and any medical treatment given.

Best Practice
Centres are registered users of Child Care Online. Serious injuries are promptly reported using the online application.
Steps are immediately taken to ensure that a similar occurrence does not happen.
Staff immediately reviews the occurrence of a serious injury, including precipitating factors, location and equipment, to learn from the experience and to prevent future occurrences.
Staff uses incident awareness to reinforce safety expectations with children and adults.
All serious injuries and other unusual occurrences are reported to the board of directors.
Unusual occurrences are also reported to the child care co-ordinator. These may include:
• any instance of a child becoming lost while attending the centre
• any allegations of corporal punishment, physical, verbal or emotional abuse, isolation or denial of necessities while a child is attending the centre
• inappropriate sexual or physical play
• the death of a child or staff member