

# **College Montrose Children's Place**

## **Health and Safety Manual**

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**SECTION 1: INTRODUCTION TO HEALTH AND SAFETY**

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<b>SECTION 1: INTRODUCTION TO HEALTH AND SAFETY</b>	
Policy 1.1: Orientation to Health and Safety	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Purpose*

In order to fulfill our mission the staff, volunteers and participants need a safe environment. CMCP is committed to providing a safe and healthy environment for its employees, volunteers and participants. The purpose of this policy is to ensure:

- That CMCP is exemplary in its Health and Safety practices;
- That the practices of CMCP meet the expectations of funders to fulfill the legal requirements of Section 25 of the Occupations Health and Safety Act and Section 8 of the Ontario Regulation 67/93 Respecting Health Care and Residential Facilities ([www.gov.on.ca/lab/english/hs](http://www.gov.on.ca/lab/english/hs))

*Policy*

- All members of the organization will be asked to accept responsibility for both the identification and management of health and safety issues.
- An updated Health and Safety policies and procedures document will be maintained in the Policy and Procedure Manual of College-Montrose Children’s Place.
- Staff and Volunteers will be responsible for signing a form indicating they have read the contents and understand their responsibilities pertaining to the contents.
- The Executive Director with the help of the Program Committee will be responsible for ensuring that the Health and Safety Policies and Practices are implemented, reviewed and evaluated.
- The Executive Director will be responsible for ensuring the Policy and Procedure manual is updated as the Board approves revisions.

<b>SECTION 1: INTRODUCTION TO HEALTH AND SAFETY</b>	
Policy 1.2: Evaluation, Feedback & Revision of Health & Safety Policies and Procedures	
Date Policy Approved: Nov. 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Purpose***

To ensure that Health and Safety policies and procedures are regularly evaluated and revised so they are current, complete and effective.

***Policy***

- Staff will review all Health and Safety Policies and Procedures annually and to the Board every three years unless staff identifies need for change.
- Employees will be encouraged to give feedback on policies and procedures in written form to their Lead staff on an ongoing basis.
- Lead staff will forward all feedback to the Executive Director.
- Regular workshops will be given on various aspects of policy and procedures to participants, staff, volunteers and board as required.

## SECTION 2: ENSURING PERSONAL SAFETY

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**SECTION 2: ENSURING PERSONAL SAFETY**

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<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.1: Program Sign-In	
Date Policy Approved: Nov. 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Related Form:*

- *Form – Program Sign-In Sheet See Appendix A2*

***Purpose***

This policy allows College-Montrose Children’s Place to keep track of who is participating in our programs. In emergency situations it will assist staff to account for all program participants.

***Policy***

All participants who attend all College-Montrose Children’s Place program sites are asked to sign-in when they arrive each day they attend.

***Procedures:***

Staff at each site shall:

1. Ask all program participants and volunteers to sign-in each time they attend the program.
2. Ask all program participants and volunteers to sign out each time they leave the program.
3. Maintain an accurate daily log of all program participants, staff and volunteers.
4. All visitors will be asked to sign in and out at the program office.

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Policy 2.2: Non-Violence	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Purpose*

To ensure College-Montrose Children’s Place adheres to its guiding principle of: “advocating non-violence to ensure the safety and security for all family members”.

*Policy*

College-Montrose Children’s Place is committed to non-violence. We demonstrate this commitment by:

- Posting clear “Do’s” and “Don’ts” at all program sites.
- Excluding violent toys, books or movies from our programs and supporting parents to find ways of excluding them from their homes.
- Clearly communicating with participants that we do not allow physical punishment, yelling or sarcasm from being used in our programs.
- Preventing physical punishment, yelling or sarcasm from being used in our programs.
- Offering parents and/or caregivers’ information and support in the use of positive ways to manage children’s behaviour.
- Providing stimulating and engrossing programs and activities that discourage violent interaction between children and encourage positive problem solving.

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.3: Aggression/Assault	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Purpose:***

To ensure all staff are aware of how to prevent aggressive situations and safely deal with them when they occur.

- Aggression is defined as any conscious verbal or non-verbal act resulting in either perceived or actual harm.
- Assault is defined as any incident whereby a person consciously and deliberately harms another person. Aggression and assault include, but are not limited to:
  - Verbal harassment
  - Non-verbal threats
  - Violation of personal space

***Policy***

College-Montrose Children’s Place policy of non-aggression is delineated in brief in the *Access Poster (See Appendix A2)*. Our guiding principles commit CMCP to providing environments that are violence free, safe and welcoming to all staff, participants and volunteers. We encourage, support and train individuals to use positive ways of expressing their feelings. Acts of aggression or assault are not tolerated in our organization.

- When necessary College-Montrose Children’s Place reserves the right to take action when individuals participate in acts of aggression or assault on our premises by:
  - Asking these individuals to leave the premises immediately.
  - Issuing a “no trespassing” letter to these individuals, banning them from entering the building. A copy of any such letter will also be forwarded to police.
- When any staff or volunteer witnesses a deliberate act of physical violence:

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.3: Aggression/Assault	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

- They must tell the person to stop and clearly communicate that such behaviour is not tolerated at College-Montrose Children's Place.
- If the situation is not resolved and the staff member has serious safety concerns, they should contact police immediately by dialing 9-1-1 and ask for their assistance.
- They should communicate the situation to one of the Lead staff/Director as soon as it is safe to do so.
- They should use whatever defensive measures they feel are necessary to protect their personal safety and/or the safety of others in the area.
- At no time should a staff member or volunteer put themselves at serious risk of harm. If in doubt, contact police immediately.

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.4: Biting Incident Policy	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

### *Purpose*

To ensure that staff volunteers and participants attend to the Health and Safety issues as well as the behavioural issues that are associated with the normal incidents of biting that can and do occur among young children. Such incidents can be traumatic and have a small risk of transmitting blood-borne diseases such as AIDS and Hepatitis B.

### *Policy*

- If an adult is bitten while at College-Montrose Children’s Place, staff will:
  - Provide immediate first aid to the individual.
  - Seek medical attention promptly if the skin is broken.
- If the victim is a child, staff will:
  - Assist the parent/care provider to provide immediate first aid.
  - Notify parent and/or guardian if they are not present.
  - Provide emotional support to the parent/care provider.
  - Assist them to understand why it is happening.
  - Provide the parent with information/resources about biting amongst young children.
  - Provide parent and/or guardian with the phone number of Toronto Public Health (416-392-7411) if they want further information.
- If the biter is a child, staff at College-Montrose Children’s Place will:
  - Provide a safe place for the biter.
  - Respond developmentally appropriately but ensure that the child knows that such behaviour is not allowed.
  - Notify both (the child who has been bitten and the child who did the biting) children’s parents (if they are not present).
  - Provide resources and support to the child’s parents to assist them in understanding and managing this behaviour.
  - Follow up with preventative strategies which are developed with the parent.

*Note:* Animal Bites should be reported to Toronto Public Health Healthy Environments Program (See Appendix B) for Important Phone Numbers List.

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.5: Troubled Program Participants	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Purpose:***

College-Montrose Children’s Place provides a community service; therefore, there may be times when participants will be unsatisfied with the services provided. Participant responses may take forms which can become verbally or physically threatening. The purpose of this policy is to ensure that staff have clear guidelines for handling these situations.

***Policy:***

In keeping with the Guiding Principles of Family Support staff will be calm and supportive in their approach with a troubled participant while ensuring the safety of themselves and others. When dealing with or responding to troubled participants, staff may use whatever reasonable defensive measures they deem necessary to ensure their personal safety and the safety of others.

***Procedure:***

Staff’s response to a difficult situation will include:

1. Ensuring that immediate co-workers/team have a procedure in place for responding in case of trouble.
2. Avoiding work situations where they are working alone, especially with new program participants.
3. Familiarizing themselves with escape routes and exits if they find themselves in new program locations.
4. Obtaining employee training in de-escalating situations and using those skills relevant to the situation.
5. Placing priority on the safety of others in the vicinity.
6. If possible, removing themselves and others from the situation.

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Policy 2.6: Trespassers	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Policy***

Access to College-Montrose Children’s Place facilities is open to the public. Employees should be able to identify individuals and ensure they are on site for legitimate agency activities or business.

***Procedure:***

An individual not associated with or looking for a College-Montrose Children’s Place program may have to be asked to leave the premises. The following steps should be followed:

Ask “May I help you?”

1. If an individual does not have a legitimate reason for being on site, ask them to leave the premises voluntarily. If the individual refuses to leave, re-state your request and state that if they do not leave, you will be required to call the police for assistance.
2. Never approach an individual you suspect of trespassing if you are alone in the building.
3. Note any features about the individual that you can use for identification purposes.
4. If the situation warrants, contact the police for assistance.

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Policy 2.7: Criminal Reference Check	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Purpose***

A criminal reference check is a requirement for all employees and volunteers of College-Montrose Children’s Place in order to screen individuals who may threaten the safety or security of participants, staff or agency property.

***Policy:***

- All potential employees or volunteers will be required to complete the Police Services criminal reference check form upon offer of employment or volunteer service.
- Checks will not be conducted on parents, grandparents, care providers and other participants of the CMCP services who assist in program delivery while participating in programs.
- If an individual has completed a reference check within the past year, he/she may provide evidence of this and will not be required to undergo the process again.
- College-Montrose Children’s Place reserves the right to refuse or terminate an employee’s contract/volunteer position based on convictions identified by the criminal reference check.

***Procedures:***

The following procedures are followed in Criminal Reference Checks:

1. All applicants will be informed about the requirement for a criminal reference check during the interview process.
2. All new volunteers and employees will fill out the criminal reference check form provided by Police Services.
3. The employee or volunteer applicant may commence work/service after the necessary paper work has been submitted. However, the continuation of

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Policy 2.7: Criminal Reference Check	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

work/service is dependent on the results of the criminal reference check which may take six to eight weeks.

4. Staff and/or volunteers who are awaiting reference check results will not be left alone with children or vulnerable participants and will not handle cash or agency documents until the reference check is complete.
5. Police Services will send a notice to the agency identifying whether the reference check is positive or negative. The police will send a summary of convictions to the applicant.
6. If the reference check is positive, one of the Executive Director or his/her designate will meet with the individual to request him/her to disclose the details of the report and discuss any concerns that arise through the criminal reference check.
7. Successful candidates with a criminal record shall not automatically be disqualified from employment or volunteer service with CMCP. The Director will determine whether it is appropriate for the individual to continue to work at the agency.
8. The results of the reference check will remain confidential.
9. Should the reference check be positive and despite this the individual is hired the check will be stored in the individual's personnel file in a sealed envelope.
10. Should the reference be positive and the individual is not hired the documents will be destroyed.

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.8: Personal Safety Training	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Policy*

Personal safety training is defined as workshops or programs that College-Montrose Children’s Place provides to improve the general safety of all participants, volunteers and employees. Personal safety training includes, but is not limited to:

- Crisis Prevention Training
- Workplace Hazardous Material Information System (WHMIS) Training (See Section Nine regarding WHMIS)
- Conflict resolution

College-Montrose Children’s Place will make every reasonable effort to ensure the safety of its employees by providing personal safety training.

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.9: Unusual Occurrence Report Form	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

Related Form: Unusual Occurrence Report Form (*See Appendix A2*)

**Purpose:** To identify, track and deal with any occurrences that may lead to more serious occurrences.

**Policy:** At College-Montrose Children’s Place an unusual occurrence is defined as an incident that is not serious but is still significant enough to require documentations. Examples of unusual occurrences include:

- Disagreements between participants;
- A parent/care provider/volunteer/ staff who appear unusually stressed;
- Minor property damage or vandalism;
- Serious non-compliance with staff direction on the part of a program participant;
- Minor accidents;
- Suicide threats;
- Thefts;

*If there is any doubt, an incident should be treated as a Serious Occurrence. See Policy 2.10*

**Procedure:**

In the event of an unusual occurrence, staff shall:

1. Provide the appropriate assistance required to deal with the incident.
2. Document the facts of the incident.
3. Record the names and contact information of anyone who is involved in or has witnessed the incident.
4. Inform the lead staff of the program, in his/her absence inform the director.
5. Complete an Unusual Occurrence Report form and submit it to the Executive Director (Blank Unusual Occurrence Forms can be found in administrative forms binder in the office or obtained from the Administrative Assistant)

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.10: Serious Occurrences	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Purpose:***

This policy ensures that the Executive Director of College-Montrose Children’s Place, who are responsible for the health and safety of the staff volunteers and participants, are informed and dealing with serious incidents. It also makes certain that these situations are properly documented allowing them to be analyzed for the purposes of identifying contributing factors that may be avoidable in future.

College-Montrose Children’s Place receives financial support from the Ontario Ministry of Children and Youth Services which has established procedures that require it to report serious occurrences. This policy outlines both the internal procedures for Serious Occurrence reports and the procedures for the Ministry requirements.

***Policy***

- Characteristically serious occurrences are:
  - Serious and require immediate action.
  - Significant in terms of their impact on participants, staff and/or volunteers.
- At College-Montrose Children’s Place, a serious incident can be defined as:
  - Any death of a participant which occurs in a program.
  - Any serious injury to a participant caused by a staff or volunteer or other participant.
  - Any injury to a participant that is non-accidental, including self-inflicted or unexplained, that requires treatment by a medical professional.
  - Any abuse, allegation of abuse, or suspected abuse or any kind of mistreatment of a participant that occurs in a program.
  - Any accident requiring emergency medical attention.
  - Any situation that requires third-party involvement. For example, Children’s Aid Society, police, doctor or dentist.
  - Bites that break the skin and draw blood.

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Policy 2.10: Serious Occurrences	
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- Serious complaints by or about a participant.
- Serious complaints about physical or safety standards of a program.
- Any disaster that requires evacuation.
- Any situation where a child is missing.
- Any racial incidents.

***Procedure:***

When a serious occurrence happens staff will:

1. Enlist whatever internal and/or external support or expertise is required to address the situation (e.g., immediate medical attention if required).
2. Ensure the safety of all program participants, volunteers and other staff, report the incident to the Executive Director as soon as it is safe to do so (After participants' medical needs have been attended to).
3. Notify the local coroner immediately in all cases involving death, regardless of location or circumstances.
4. Comfort the distraught person/persons.
5. Ensure that the integrity of any evidence is preserved by securing the area and not touching or altering the scene in any manner.
6. Refer all requests for information from the media or other persons to the Executive Director (or the police if appropriate).
7. If the incident involves an injured child, whose parent is not present, the staff will contact the parent and/or guardian of an injured child as soon as possible, and notify them of the injury and treatment given.
8. Take appropriate steps to address any continuing risks regarding participant/employee/volunteer safety.

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Policy 2.10: Serious Occurrences	
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9. Any staff, participant or volunteer witnessing or having knowledge about the incident shall be asked to remain on the premises until the person responsible for completing the incident report has interviewed them or tells them they no longer need to stay.
10. Any staff, participant or volunteer witnessing or having knowledge about the incident shall report the matter to the director.
11. Staff will fill out all necessary forms, notify their immediate supervisor and the director.
12. Blank Serious Incident Report forms can be found in the forms binder in the office or can be obtained from the Administrative or Program Assistant.
13. Completed Serious Incident Report Forms are to be returned to the Executive Director or his/her designates.
14. To ensure full compliance all staff will make themselves familiar with the Ministry and City requirements that can be found in the *Appendix A2* entitled Serious Occurrence Steps and Responsibilities Summary.

***Time lined Procedures:***

**1. Immediate Actions**

- Health and Safety of participants addressed;
- Notification of coroner for any death;
- Notification of police/CAS as applicable ;
- Notification of family/others as appropriate;
- Serious occurrence inquiry conducted;

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Policy 2.10: Serious Occurrences	
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## **2. Within 24 Hours**

- For directly operated EYC program sites (including 180 Shaw St and Trinity Spadina directly operated satellite sites) the Family Support Program Serious Occurrence Report Part 1 will be submitted to MEDU regional or corporate office. (By email to [EYIBSOR@ontario.ca](mailto:EYIBSOR@ontario.ca) or fax to 647-724-0943 or by toll free fax to 888-996-3889).
- For St Helen site the serious occurrence report will be submitted to the City of Toronto Children’s Service (416-397-7359 during office hours. 416-397-9200 after office hours) and Davenport Perth EYC (416-588-3755 ext 556)
- For Gooch site the serious occurrence report will be submitted to Parkdale-High Park EYC (416-762-3700).

## **3. Within 7 Days**

- Family Support Program Serious Occurrence Report Part 2 will be submitted to MEDU regional/corporate office, City of Toronto, or lead EYC as appropriate.

## **4. Following Submission of Serious Occurrence Report**

- CMCP will follow-up review(s)/information update(s), as requested by MEDU regional/corporate office and/or City of Toronto
- CMCP will submit Action outcome report(s) to MEDU regional/corporate office, as required.

## **5. Annually**

- CMCP will submit Annual Summary and Analysis Report to MEDU regional/corporate office, according to approved timeline.
- CMCP will ensure that follow-up actions requested by ministry regional/corporate office are completed to their satisfaction.

## **6. Ongoing**

- CMCP will monitor Serious Occurrence related issues/trends and conduct follow-up actions in a timely manner.

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Policy 2.10: Serious Occurrences	
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As of January 16 06 the procedures and forms for implementing external Serious Occurrence Reporting will also be available

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Policy 2.11: Child Abuse Disclosure and Reporting	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Policy***

College-Montrose Children’s Place is committed to the protection of the children in its programs from physical, emotional and sexual abuse and child neglect.

“The Child and Family Services Act” dictates that EVERYONE has a legal responsibility to immediately report a reasonable suspicion of abuse or neglect of a child under the age of sixteen to a Children’s Aid Society. CMCP accepts this responsibility and requires that all staff, students, executive director, Lead staff and volunteers of CMCP follow this directive. If there is any doubt about whether or not a child may be in need of protection, the individual suspecting the abuse or neglect must consult a Children’s Aid Society.

College-Montrose Children’s Place will report the following to the Children’s Aid Society:

- All disclosures by a child of physical or sexual abuse by another child, youth or adult;
- A child attending a service with suspicious physical markings on his/her body;
- When a caregiver/parent reveals that he or she has physically harmed a child through punishment tactics;
- When there are reasonable grounds to suspect that the child has been or is at risk of being physically, sexually, or emotionally harmed, or neglected;
- When there is evidence of a pattern of serious and overt rejection or ongoing emotional or physical neglect;
- When there is evidence of risk of emotional physical or sexual abuse or neglect;

The Executive Director will ensure that all staff, students and volunteers are aware of these requirements and will review with their staff at least on an annual basis, this policy and issues arising from the policy.

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Policy 2.11: Child Abuse Disclosure and Reporting	
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College-Montrose Children’s Place will make every effort to ensure that all parents who require services are informed at an early stage of involvement with CMCP of our policies and procedures in this area.

*Procedures*

- If a child discloses physical or sexual abuse (see following for definitions), or appears with suspicious markings, the staff must promptly contact the Children’s Aid Society and report the disclosure or markings.

Our obligation is not to prove or to determine that child abuse is taking place but rather to identify and report suspected child abuse as soon as possible. This report must be made **immediately**, and within the same working day as the disclosure. The parent of the child cannot be informed of the reporting to the Children’s Aid Society.

Child Welfare will determine if there is enough evidence to warrant an investigation.

- Where a prior report(s) has been made and new information with respect to that particular report(s) is made known to staff, a new report must be made **immediately** to the Children’s Aid Society.
- If a staff has evidence that a parent is physically, emotionally or sexually abusing a child, he/she must contact the Children’s Aid Society and report the information without informing the parent.
- When more than one staff is involved in a situation where reporting is required, one staff will make the call and identify the names and telephone numbers of the other staff members.

It is preferable that the call be made in the presence of all staff involved. The staff member having the most direct knowledge of the situation should be the person to report to the Children’s Aid Society.

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Policy 2.11: Child Abuse Disclosure and Reporting	
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All other staff having knowledge of the situation are responsible to ensure that the report is made, and that their names have been given in the report.

- In a situation where a direct disclosure of abuse has not been made but a report is required, the staff will take direction from the Children’s Aid Society with respect to the issue of informing the parents of the report.

Staff will work co-operatively with the Children’s Aid Society in this regard.

- In cases where staff are uncertain about the need to report they may ask for an anonymous consultation with a Children’s Aid Society intake worker. They will assist staff in determining the need for reporting. Staff will follow Children’s Aid Society’s staff’s instruction in all cases.
- In case of allegation against staff, as soon as the report has been made to the Children’s Aid Society, a Serious Occurrence report must be filled out and given to your Supervisor and to the Executive Director immediately. The report should include details of the disclosure or reasons for suspecting child abuse and also log the date, time, people involved as well as specifics about the report to the Children’s Aid Society.

The report should also include the response or direction from the Children’s Aid Society. One copy of this report is sent to the Executive Director keeps the second copy. A copy may be sent to the Children’s Aid Society (If more than one staff is involved in the report, each staff person shall review and sign the incident report to ensure its accuracy).

- If a staff is uncertain about the need to report a disclosure or concern to the Children’s Aid Society, she may consult with her Supervisor. If the Supervisor is unavailable, staff should make the initial report and relate this information to the Executive Director whichever is more immediately available as soon as possible. The Children’s Aid Society may be consulted for final determination on reporting the specific case. In all cases, CMCP will take direction from the Children’s Aid during the investigation.

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Policy 2.11: Child Abuse Disclosure and Reporting	
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- CMCP recognizes that we may experience a situation where a staff member is alleged to have abused a child. Our goal is to protect the safety and well-being of the children in our programs and to do whatever possible to ensure a fair and due process for the staff person(s) involved.

In keeping with investigation protocols, the staff person will not be advised prior to the investigation. In such a situation, the Executive Director is to be advised immediately and the priority is the completion of an immediate and proper abuse investigation by the appropriate officials (child welfare and/or police). CMCP will fully co-operate with this investigation. The Executive Director will determine the immediate work responsibilities of the employee during the investigation. The Director will determine whether the employee will be permitted to continue working at the program and under what circumstances will the employee be suspended.

- After making a report to the Children’s Aid, staff will immediately fill out a serious occurrence report and submit copies to their supervisor and to the Program and the Executive Director.

Defining Child Abuse

In order to provide greater clarity for staff of CMCP, the following definitional material is also provided.

There are four major types of child abuse

1 Physical Abuse – This means all actions that result in non-accidental physical injury including bruises, cuts, burns, fractures, and internal injuries. It is distinguishable from corporal punishment because it is severe, inappropriate to the age and behaviour of the child, has no healthy corrective purpose and may result in injury. If a child indicates that he/she has been ‘hit’ and upon further exploration there is no other further clarifying information, the situation should be reported.

2 Sexual Abuse – This means any sexual acts involving a child and a parent, another person responsible for the child, or another person (extra-familiar) who interacts with

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.11: Child Abuse Disclosure and Reporting	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

the child. This can range from the parent or person responsible exposing a child to sexual acts like prostitution, to actual molesting. It includes exposure, fondling or masturbation, intercourse, and invitations to touch.

3 Child Neglect – This means ‘acts of omission’ on the part of the parent or another person responsible for the child. Examples would be failing to provide the child’s basic needs like food, clothing, shelter, health, hygiene and safety; failing to provide adequate supervision; failing to prevent injury (where possible); or failing to provide adequate medical attention. In a legal sense, legislation indicates that neglect is where a person who has charge of a child ‘permits the child to suffer from a mental, emotional or developmental condition that, if not remedied could seriously impair the child’s development’.

4 Emotional Maltreatment – The most difficult form of child abuse to define and identify, emotional maltreatment includes a pattern or overt and serious rejection.

Duty to Report

The requirements for reporting suspected child abuse are clearly addressed in legislation.

*Please refer to section 9 regarding Legislation*

Contact Information, Further Information and Resources

Children’s Aid Society of Toronto	416-924-4646
Catholic Children’s Aid Society of Toronto	416-395-1500
Jewish Family and Child Service	416-638-7800
Native Child and Family Services	416-969-8510

For additional information a detailed document entitled “Child Abuse and Neglect Reporting Policies and Procedures May 2000” produced by the Metro Association of Family Resource Programs is available in the staff resource room at our main site.

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.12: Child Guidance	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

### *Policy*

This policy articulates CMCP’s approach to child guidance. While at the centre, the primary responsibility for disciplining their child/children is the parent’s or caregiver’s. However in cases where the child is participating in our parent relief or child care program this responsibility rests with the staff. Regardless of who is responsible, **“We do not permit violence in words or actions”**

In addition to outlining prohibited practices, staff and volunteers need to have guidelines regarding suitable child guidance strategies. Such strategies need to recognize age difference and preventative programming.

At times children will become involved in conflict with peers, parents/caregivers, volunteers or program staff. All staff and volunteers must try to understand and respect the source of the child’s feelings.

The child’s feelings may be the result of, but not limited to, fear, confusion, sleepiness, boredom, hunger or thirst, the environment (e.g., too crowded).

The goal is to help children develop the skills to express their feelings of frustration and anger in an appropriate manner. The role of staff in the area of guidance is to support parents/caregivers in preventing and re-directing conflict or problems.

Program staff will work with parents/caregivers to allow children to work out conflicts independently, but will remain accessible for assistance.

CMCP staff and volunteers will focus on positive behaviours and use the following strategies to achieve this outcome:

*CMCP expects Professional Attitudes from its staff and volunteers:*

#### **DO!**

1. Before taking responsibility for a child under the Parent relief programme ensure all required information is on file in the Parent relief binder.

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Policy 2.12: Child Guidance	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

2. Plan for positive outcomes. Be prepared with the programme activities that are age appropriate and suit the individual needs of the children attending.
3. Arrange the physical space so that children can explore and play with a minimum of rules.
4. Ensure the environment supports positive interactions. Stay in touch with the noise and activity level and redirect before it becomes problematic.
5. Stay aware of the emotional environment and redirect children before play becomes destructive.
6. Acknowledge and praise children when they are engaged in positive activity.
7. Remember that body language or facial expression such as a smile, nod, or pat on the shoulder can be just as effective as words.
8. As much as possible try to be consistent. Be clear about expectations and communicate them directly.
9. Promote self-discipline by pointing out logical consequences.
10. Offer acceptable choices where possible. State choices in an age appropriate way. Ensure the children understand the choices.
11. Provide a good example to children and parents by treating everyone with respect.
12. Remember to demonstrate cooperation, kindness, helpfulness and good manners.
13. Make eye contact and listen attentively when children speak.
14. Always put ourselves in the child's shoes – try to understand their point of view.
15. Value children's individual feelings, thoughts, temperament, needs and contributions. Encourage children to talk and listen to each other.
16. When children are having difficulty accepting behaviour expectations offer them an opportunity to be alone in a supervised setting. This is not a punishment but a cooling off time which will assist them to regain composure.
17. Try to be flexible – be prepared to change plans or change the rules if it is appropriate.

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Policy 2.12: Child Guidance	
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18. Stay in touch with your own feelings. Learn to recognize the first signs of anger. Take time to understand the cause. Monitor tone and volume and express anger rationally and appropriately.
19. Violence between participants (adult or children) is dealt with immediately
20. Support parents and care providers to learn and use positive child guidance strategies.

*The following actions are prohibited*

**DON'T!**

1. Do not use corporal punishment of any kind. Spanking, hitting, bumping, pushing or other forms of physical punishment are never allowed.
2. Child must never be left alone. If a child is removed from the program a staff or parent must stay with the child.
3. Do not leave children unsupervised indoors or out, even for a moment.
4. Do not release a child into the custody of anyone other than the parent or guardian without receiving signed permission from the child's parent or the approval of the programme lead staff or her designate.
5. Restraint is not to be used except in situations where the child is in immediate danger or presents an immediate danger to someone else. Any use of restraint for this purpose should be verbally reported immediately to the supervisor who may require a written report.
6. Do not undermine the self-respect of children. No name calling, harsh criticism, sarcasm, yelling or put downs.
7. Do not discuss a child or parent/caregiver when another child or parent/ caregiver is present.
8. Do not discuss a child within their hearing.
9. Do not discuss one parent's/caregiver's handling of a situation with another parent/caregiver.

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.13: Missing Children Policy	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Purpose***

This policy outlines the procedures to be followed when a child is missing from a program. It also outlines the procedures if a child goes missing during a field trip.

***Policy***

The staff of College-Montrose Children’s Place will follow these guidelines if a parent, volunteer or staff person determines that a child is missing from the program:

1. Determine the last known location of the child and what he or she was doing.
2. Confirm the child’s physical description – including what the child was wearing.
3. Inform the Lead staff of the situation. The Lead staff will report the details to the the Executive Director.
4. Announce the situation to other participants and ask for their help.
5. Coordinate an immediate search of the facility and the surrounding area.
6. Send staff and/or volunteers to monitor all exits.
7. Inform everyone if the child is found.
8. If a child is not found within 5 - 10 minutes a staff member will contact police at 9-1-1 immediately.
9. Follow Serious Occurrence Reporting requirements as outlined in *Section 2, Policy 2.10*.

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.14: Weapons	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Policy***

Weapons are not tolerated or allowed on College-Montrose Children’s Place premises. A weapon is defined as any object used or intended to cause physical harm.

***Procedure***

In the event of a weapon being discovered, reported, or presented, employees will state that weapons are not permitted on College-Montrose Children’s Place property and follow the procedures:

1. The individual in possession of the weapon will be asked to leave and return to the program without the weapon. If the individual refuses to comply with the request, police (9-1-1) will be contacted immediately.
2. Employees are not to use any physical force in addressing the situation. If you are threatened, always take it seriously. Do not be a hero!
3. If the individual in possession of the weapon uses the weapon or threatens anyone, be calm and courteous and encourage the individual to leave the premises.
4. Attempt to signal other co-workers to call the police (9-1-1).
5. Try to write down or mentally note a physical description of the suspect noting any identifiable characteristics. When speaking with the police, give as much information as possible.
6. Any incident of this nature should be treated as a serious occurrence after the threat has passed. Serious Occurrence reporting procedures must be followed. See Page No. 20.

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.15: Bomb Threats	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Policy***

Bomb threats are defined as any attempt, real or otherwise, to harm any participants, staff, volunteers and/or facilities. Bomb threats can include, but are not limited to the following:

- Telephone calls
- Unusual packages

Bomb threats are usually received by phone and can be described as either non-specific (e.g. “There is a bomb in your building.”) or a specific threat (e.g. very specific details are given about where the bomb is or what time it will detonate.) All bomb threats are to be treated seriously. The protection and safety of all participants and staff is of paramount concern.

***Procedure:***

If a bomb threat is made the person receiving the call should:

1. Note the time the call was received and on which telephone number and/or extension.
2. Do not interrupt the caller. Obtain as much information as you can and listen to and note the exact words used by the person making the threat.
3. Be calm and courteous.
4. Note whether the voice making the threat sounds like a male or female, the approximate age of the caller and anything else distinctive about the voice.
5. Listen for any kind of background noises such as traffic, music or other voices.
6. Determine whether or not the voice sounds familiar.
7. Ask the caller what kind of bomb it is.

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Policy 2.15: Bomb Threats	
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8. Ask the caller why the bomb has been placed in the building.
9. Try to signal to one of your co-workers while the caller is on the line that a bomb threat has been received. Your co-worker should call the police (9-1-1) immediately and advise that there has been a bomb threat and that the caller is - still on line.
10. Should a caller advise of a bomb and then hang up, call the police immediately (9-1-1), inform them of the bomb threat and follow their directions.
11. Pull fire alarm and commence building evacuation procedures
12. Notify program management if they are not present.
13. Complete a Serious Occurrence Report and follow reporting procedures (*See Policy 2.10*).

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.16: Working Alone and/or in a Remote Area	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Policy***

Working alone refers to any employee who works without any other staff member present during any time of day or evening. Working in a remote area would include any staff who as part of their responsibility are in an area which could potentially place them in an unsafe situation. Remote areas include, but are not limited to the following:

- High risk residential areas
- Parks and community facilities

College-Montrose Children’s Place will ensure that all employees are equipped to work alone or in remote areas by making available the training and personal protective equipment required to fulfill their job responsibilities and ensure their personal safety.

Employees will always:

- Let their direct supervisor know if they are working alone.

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.17: Safe Cash Handling Policy	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Purpose***

To prevent thefts and protect the security of the staff who handle it.

***Policy***

College-Montrose Children’s Place will follow the following procedures to ensure that cash is handled safely:

- 1. Cash received must be stored in a safe or lock-box.
- 2. Money management should occur out of public view and – when possible – should involve two people.
- 3. Cash should never be left unattended.

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.18: Field Trip Policy	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Related Forms*

*Form – Field Trip Summary Appendix A2*

*Registration Form (Emergency Information) Appendix A2*

***Purpose:***

This field trip policy has been developed:

- To provide staff with clear and safe guidelines regarding any trips away from the program.
- To ensure the safety of all participants.

A field trip is defined as any event that requires the use of public transportation and/or takes participants off-site.

***Policy***

Any field trip organized by the staff of College-Montrose Children’s Place must respect the following guidelines:

- Walking or TTC is the preferred transportation for College-Montrose Children’s Place field trips.
- Children should not be transported in staff cars.
- Leased or rented commercial vehicles may be used if:
  - All travelers have proper restraints (seat belts/car seats).
  - The vehicle is driven by a licensed professional driver.
  - The trip is pre-approved by the Director.
- At least one staff member and at least one other adult (without a child) should be present on all field trips. Students, parents and volunteers may enhance this ratio. When determining numbers of adults required for a trip all factors should be

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Policy 2.18: Field Trip Policy	
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considered (e.g. Day Nursery ratios, age of children, abilities and experience of children participating, experience level of adult supervisors).

- Staff must get signed permission forms from the parents of all participating children who are not accompanied by the parent. Caregivers must bring Field Trip Permission Forms signed by the parent or guardian (See Appendix A2).
- One staff member is assigned to be the designated leader and will be responsible to ensure procedures are followed.
- All children should be given I.D. tags with the Program’s name and phone number to wear during the field trip.
- Determine a “meeting spot” if the group gets separated and/or individuals get lost.
- Lead Staff should provide their Lead staff with a completed field trip summary form before departure. Staff should bring a travel bag which includes: Registration forms with emergency contact information, and a First Aid Kit.

***Procedures:***

The following procedures will be followed during a Field Trip

**1. Attendance will be taken at the following times:**

- Immediately upon completion of boarding a vehicle.
- On arrival at location.
- Prior to a large group separating into smaller groups.
- When separated groups merge to re-form one large group.
- At lunch time.
- Before departing from location.
- Immediately after disembarking from a transportation vehicle.

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Policy 2.18: Field Trip Policy	
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- As soon as the group is back inside the program.

*Note:* If a chartered bus has been used, one staff member is to do a final check through the bus to ensure that it is cleared of all children. The staff member doing the final check must be the last person off the bus. The bus driver is to be instructed by the staff not to leave until final attendance is completed.

## **2. Missing Child on a field trip**

If a child is lost on a field trip, the staff of College-Montrose Children’s Place will assume leadership of the situation and assist the parent or guardian. The staff member will:

- Determine the last known location of the child and what he or she was doing.
- Confirm the child’s physical description – including what the child was wearing.
- Announce the situation to other participants and ask for their help.
- Inform facility staff and ask for their support.
- Coordinate an immediate search of the facility and/or immediate area.
- Send staff and/or volunteers to monitor all exits.
- Inform everyone if child is found.
- Take group picture before leaving.
- Contact police immediately after a search of the facility and/or area is unsuccessful.

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.19: Picking Up of Children Policy	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Purpose***

This policy outlines the procedures for ensuring children’s safety when being picked up from childcare/parent relief, the school readiness program and/or all other children’s programs or activities where the parent/caregiver is not on site. It also outlines the procedure to be followed if a parent or other authorized person does not arrive to pick up his or her children by the time agreed upon by the parent and staff in charge.

***Policy***

The staff of College-Montrose Children’s Place will follow these guidelines to ensure the safe pick-up of children from their programs:

- Children shall be released only to authorized guardians.
- If a guardian is not recognized by the staff person, they must ask for identification.
- Staff will not release a child to anyone who has not been authorized by the parent(s)/guardian to pick up the child.

***Procedure:***

If a parent or authorized guardian does not arrive to pick up his or her child by the end of the program, the following procedure will be followed:

1. Staff will attempt to contact the parents’ or guardians’ home, work and cell phone numbers.
2. If parent can not be reached staff will attempt to contact people listed as emergency contacts in the child’s file.
3. Staff will notify the Lead staff of the situation and continue to update the lead staff regularly.
4. If no contact is made within two hours of the program closing, staff will contact the appropriate Children’s Aid Society and inform them.

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Policy 2.19: Picking Up of Children Policy	
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5. Staff will remain with the child until Children's Aid and/other authorized individuals arrive.
6. A note should be posted on the entrance to the program giving the parent instructions about what to do to pick up his or her child.
7. The Lead staff will inform the Executive Director of the incident.
8. A Serious Occurrence form will be filed according to the Policy 2.10 page 19 (*See Appendix A2*)

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.20: First Aid Policy	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Purpose***

This policy ensures that CMCP acknowledges that situations will occur that will require first aid. It ensures that staff is prepared to respond to them quickly and effectively.

***Policy***

College-Montrose Children’s Place always has at least one staff member on site during regular business hours who has a current Standard First Aid Certificate and Basic CPR certificate.

College-Montrose Children’s Place has one well-maintained first aid kits for each of its sites. A mobile kit is maintained specifically for field trips brought outside and/or on field trips when necessary. Each kit contains:

- 1 pair of scissors
- 1 pair of blunt-nosed tweezers
- 10 (5 cm x 5 cm) sterile gauze dressings
- 5 (10 cm x 10 cm) sterile gauze dressings
- 5 (10 cm x 10 cm) sterile non-adherent dressings
- 10 regular size plastic bandages
- 10 children’s size plastic bandages
- 1 sling or triangular bandage
- 1 (8 cm) gauze roll
- 1 roll of non-allergenic adhesive tape
- 1 (8 cm) elastic tensor bandage
- 5 safety pins
- 1 small bottle of skin antiseptic
- 1 pocket first-aid reference book
- 2 pairs of non-latex disposable gloves

***Procedure:***

1. A well supplied first aid kit will be maintained in an accessible and well-marked designated spot in every CMCP site.

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Policy 2.20: First Aid Policy	
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2. Each program site shall designate one staff to be responsible for replenishing the First Aid Kit.
3. Designated staff will check and replenish the kit on a regular basis. (At least monthly).
4. All staff using first aid supplies should notify their designated staff if supplies are running low.

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.21: Allergy Policy	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Purpose***

To prevent any serious allergic reactions before they occur.

***Policy***

College-Montrose Children’s Place recognizes that a number of individuals have very serious allergies that can be life-threatening. Some common serious allergens include: nuts, peanuts, fish, shellfish, milk, dairy, eggs, soy, wheat, sesame products, latex, pet dander and fragrances. We acknowledge that we must share responsibility to monitor serious allergies with the affected children, their parents, and staff and volunteers. We will strive to maintain an allergen free environment (to the best of our ability and control). In order to prevent possible allergic reactions, College-Montrose Children’s Place has established the following procedures:

***Preventative Procedures***

1. Staff should inquire (in the registration form) if a child or program participant has any serious allergy.
2. Staff should inform participants and volunteers that College-Montrose Children’s Place is a “nut-free”, “sesame seed free” and “fragrance-free” environment. They should however caution parents to be vigilant as other participants may accidentally bring in products containing allergens.
3. Latex gloves or balloons will not be permitted at Program sites.
4. Staff and volunteers will refrain from the use of perfumes, colognes at worksites.
5. Food should never be left unattended within children’s reach.
6. Tables should be cleared and cleaned as soon as children have finished eating.
7. If snacks are being donated, staff should verify that they contain no nuts before they are permitted on the snack table.

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Policy 2.21: Allergy Policy	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

8. A child's parent or caregiver must be asked before a child is given anything to eat or drink.
9. As a general practice pets will not be kept at CMCP sites. In exceptional situations and for educational purposes staff may wish to introduce a pet to the program on short term basis. In these situations approval must be given by the Executive Director. A clear time period will be set for the pet visit and the participants will be given advance notice of the visit.

### ***Procedures for Responding to an Allergic Reaction***

If a program participant, staff member or volunteer has an allergic reaction:

1. Respond to any reaction quickly – Medical attention is required,
2. Common symptoms and reactions include:
  - Nausea, vomiting, diarrhea;
  - Hives/rashes, swelling of the eyelids/lips/hands/feet;
  - Eczema (redness, itching and dryness of the skin);
  - Blood in the stool (especially in infants);
  - Breathing problems including coughing, wheezing, tightness in the throat;
  - chest or a runny or stuffy nose;
  - More severe reactions include anaphylactic shock. It can happen within minutes of exposure and can lead to coma and death;
3. Call 9-1-1 if someone is having a severe allergic reaction.

### **Tips for Avoiding Peanuts**

1. Always wash hands before and after preparing and handling food.
2. Thoroughly clean and sanitize work and cooking surfaces, utensils and any equipment that touches food.

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Policy 2.21: Allergy Policy	
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3. Cross-contamination is a common cause of anaphylactic reactions. Wiping a utensil after use is not an adequate method of cleaning. The utensil may appear clean but the remaining food residue on a utensil can be all it takes to trigger a reaction. "Safe" foods become "unsafe" through contact with peanuts or peanut products.
4. If in doubt, do not use a suspected food or product. Guessing can be deadly!

### **Tips When Staff are Grocery Shopping**

1. Never assume that a food is free of allergic ingredients.
2. When buying pre-packaged, prepared foods, read the labels carefully every time you shop. Ingredients often change without warning – a product that was safe last week may not be safe this week.
3. Ingredients containing/made from peanuts include: chocolates, many baked goods, sauces, salad dressing etc.
4. Avoid any products that do not carry a complete list of ingredients.

<b>SECTION 2: ENSURING PERSONAL SAFETY</b>	
Policy 2.22: Sun Safety	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Policy*

- College-Montrose Children’s Place is very concerned about the issue of sun safety and the danger of sun exposure. The staff will endeavor to follow all recommended sun safety precautions to ensure the safety of all participants.
- College-Montrose Children’s Place encourages all participants to use sunscreen and wear hats and t-shirts during any outdoor activities. Programs may provide sunscreen and/or hats for excursions.
- College-Montrose Children’s Place will not participate in outdoor activities or field trips on days when there is a smog, heat or cold alert in effect.

## SECTION 3: HEALTH AND SANITATION

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<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Policy 3: Health and Sanitation	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Preface*

Health, nutrition and sanitation policies are set to promote the well-being of program participants, staff and volunteers and to protect them from harm. Good health, nutrition and sanitation practices are at the core of quality family resource programs and our guiding principles.

Many of the policies at College-Montrose Children’s Place are determined by the requirements of our funders, Toronto Public Health and local municipal regulations. It is our staff’s responsibility to carry out specific procedures to ensure compliance and good health.

*Policy*

CMCP recognizes that public spaces such as our program sites can be primary sites for the spread of infection. In order to reduce risk of infection we are committed to following generally accepted Public Health guidelines and procedures.

- All toys, equipment, activity centres and toy storage shelves should be cleaned weekly or more often if they become soiled.
- All cleaning materials and supplies are appropriately maintained.

<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Procedure 1: Sanitizing Solution	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Sanitizing Solution – Procedure 1*

**1.1. Sanitizing Solution For Toys, Diaper Change Area, General Disinfecting:**

- Mix one teaspoon of bleach with two cups of water.

**1.2. For Soiled Areas:** Mix one-quarter cup of bleach with two and a quarter cups of water.

- The sanitizer will lose its strength easily. It may be kept for two weeks if it is stored in an airtight container and kept away from the light.
- For the sanitizer to be effective, it must be used on a clean area. Clean equipment with soap before sanitizing.
- Apply the sanitizer on a clean surface and allow it to be left on for at least thirty seconds.
- Use caution on metal: if the solution is found to be corrosive, a different sanitizer will be chosen.

<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Procedure 2: Cleaning and Sanitizing Toys, Play Areas, Equipment and Furnishings	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Cleaning & Sanitizing Toys, Play Areas, Equipment & Furnishings - Procedure 2*

**Toys and Play Areas**

- Mouth toys, such as musical instruments, must be cleaned and sanitized once the child is done and/or before going into another child’s mouth.

**Dress Up Clothes**

- Launder weekly. If there is an outbreak of head lice or scabies, launder and put away until the outbreak has stopped.

**Infant, Toddler and Pre-schooler Toys**

- All infant toys should be washed and disinfected, either in the dishwasher or by hand, on a daily basis, and other times as necessary.
- All toddler toys should be washed and disinfected, either in the dishwasher or by hand, at least once per week, and other times as necessary.
- All preschooler toys should be washed and disinfected, either in the dishwasher or by hand, at least once every two weeks, and other times as necessary.
- If washing by hand, the toys need to be washed first with soap and water and then disinfected and left to air dry.
- The infant and toddler toy shelving needs to be washed and disinfected before returning washed toys.

**Bin Toys**

- Bin toys should be placed in netting so that they can be washed in the dishwasher or washed in soapy water and then disinfected on a weekly basis.
- The bins and shelving needs to be washed and disinfected as well.
- At this time, we can change the assortment of toys with those from the toy lending library (if applicable).

<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Procedure 2: Cleaning and Sanitizing Toys, Play Areas, Equipment and Furnishings	
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- Cars, large toys, returned toy library toys and the sensory tables should be cleaned and sanitized at this time as well.

### **Stuffed Toys**

- Stuffed toys are not used in CMCP programs.
- If a child brings their own stuffed toy, they should be asked to leave it in their stroller or cubby.
- Puppets and hand toys used for demonstrations, etc., should only be handled by staff.

### **Sandbox**

- Cover outdoor sandboxes when not in use.
- Clean and sanitize sand toys weekly.
- Replace some or all of the sand if visibly soiled or contaminated.

### **Water Tables**

Water play tables can trap and grow germs. Drain daily, sanitize and air dry after each use. For safe use, follow these instructions:

- Fill water play tub with fresh tap water before use. Do not add bleach or vinegar to water. If the water table is used for the whole day, then the water should be changed for each group play;
- Ensure all staff and children wash hands prior to using water play tub;
- Empty tub after use – sanitize thoroughly, air dry and empty until next use;
- Sanitize all water toys daily;
- Do not use water tables during an outbreak;

*Note: Use individual basins grouped together for very young children.*

<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Procedure 2: Cleaning and Sanitizing Toys, Play Areas, Equipment and Furnishings	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

- A child with a cough or cold, a stomach or intestinal upset, or a skin infection is not allowed to play with other children at the water table. If there is an outbreak of diarrhea, stop using the water table until the outbreak clears.
- If a child vomits into the water table:
  - Instruct the children to wash their hands;
  - Scoop out as much of the vomit as possible and flush in the toilet;
  - Drain the table;
  - Remove the remaining vomit with a disposable towel and discard;
  - Rinse and sanitize the water table, the water toys and scoop;

### Equipment and Furnishings

- Staff will sweep after every snack time or depending on the length of the program, at the end of the program. Sweeping is hard on those with asthma and can trigger a reaction.
- Shelves, play bins and playroom tables and chairs are to be cleaned once a week.
- Infant seats and eating surfaces will be cleaned with disinfectant after each use.
- Washable blankets will be put on the floor (carpet) for our younger babies who may spit up. Blankets will be washed once per week and other times as necessary or as soon as soiled.

<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Procedure 3: Cleaning and Sanitizing Kitchen and Eating Areas	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

**General Procedures:**

1. Children and adults wash their hands before eating and when handling any food. Hand washing instructions will be posted in food preparation areas *See Appendix B* regarding Hand washing Routine Posters.
2. Staff will use utensils or plastic wrapping for the removal of food from containers and food handling.
3. All foods will be prepared on a designated surface. No paints, pastes, toys, etc. will be placed anywhere near the food preparation area.
4. All tables and highchair trays are to be disinfected before and after snacks. If tables are used for other activities, they must be cleaned and sanitized before people eat.
5. Table tops and high chair trays should be free of dents, chips and cracks.
6. Dirty dishes will be placed in the dishwasher or in a special bin until dishes are done. Dish bins are not to be used for general clean-up.

***Cleaning & Sanitizing Kitchen and Eating Areas - Procedure 3***

**3.1 Cleaning and Sanitizing Surfaces, Utensils and Appliances**

The following are to be cleaned and sanitized before and after each use:

- Counters
- Workplaces
- Cutting boards
- All utensils used
- Dishwasher strainer
- Sinks
- Knives
- Can openers
- Blenders and food processors
- Stove tops

The following are to be cleaned immediately when there is a spill and thoroughly at least once a week:

<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Procedure 3: Cleaning and Sanitizing Kitchen and Eating Areas	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

- Microwave

The following are to be cleaned immediately when there is a spill and thoroughly at least once a month;

- Ovens
- Dishwasher
- Cupboards, drawers, shelves
- Refrigerators
- Oven fan hoods

<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Procedure 4: Safe Storage of Cleaning Materials	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

### Freezers

Freezers are to be cleaned immediately when there is a spill and thoroughly at least twice per year. Freezers are to be rearranged monthly; food is not to be stored for over one month.

## **3.2 Cleaning and Sanitizing Dishes and Utensils**

### Dishwasher

All dishes and utensils used in cooking should be washed in the dishwasher

### Manual Utensil and dish Washing

If items, such as large trays, must be washed by hand, it is by a three part process

After sorting, scraping and pre-rinsing, follow a three-part process (ideally in a three-compartment sink):

- Wash with warm water and detergent
- Rinse with clean water (minimum temperature of water 43 degrees)
- Sanitize a minimum of 45 seconds in:
  - 100 mg/litre chlorine solution at a minimum temperature of 24 degrees Celsius; or
  - Clean water at a minimum temperature of 77 degrees Celsius;
- Sanitize sinks, taps, and faucets after washing dishes;

See *Appendix B* for Dishwashing Method Poster

## **3.3 Storage of Clean Dishes and Utensils**

- Examine dishes and utensils. Rewash any soiled items and discard any damaged items.
- Store glasses and cups upside down on a clean, sanitized and dry surface.

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Procedure 4: Safe Storage of Cleaning Materials	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

- Store knives, spoons and forks in clean containers with the handles all pointing in one direction to avoid hand contact with eating surfaces.
- Store dishes on clean shelves or in clean cabinets.
- All utensils and dishes including paper service, must be protected from contamination.

### **3.4 Kitchen Linen**

- Change kitchen linen at least once a day and as required throughout the day. Do not use cloths designated for washing utensils, food preparation areas, or serving surfaces for any other purposes.
- Do not dry toys or dishes – Allow them to air dry.
- Hands should be dried with paper towels.

### **3.5 Sinks**

- Do not wash hands in the food preparation sinks. Use hand washing sink when washing hands.
- Ensure paper towel is available to dry hands – do not use linen towels to dry hands.

### **3.6 Staff Reminders for the Kitchen Area**

Matches, lighters, medicines, cleaning agents should be inaccessible to children.

Space is free of hazards and in safe repair.

Floor is washed daily.

Rugs (if in place) are vacuumed daily and shampooed minimally three times a year.

Participants are reminded of the importance of never leaving hot liquids (tea and coffee) within any child's reach. At all CMCP sites we ask participants to remain seated at adult tables while drinking hot liquids.

<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Procedure 4: Safe Storage of Cleaning Materials	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

6. Electrical outlets should be covered (inserts and plugs covered in order to prevent children from getting shocks)

***Safe Storage of Cleaning Materials – Procedure 4***

1. Soap, detergents and sanitizer and other washing solutions must be stored out of reach of young children. If possible, these solutions should be kept in a locked cupboard.
2. To be consistent about all cleaning and sanitizing products
3. Dry floor mops should be shaken outside after every use and put in a laundry when noticeably dirty.
4. Sponge mops should be hung head up to dry. The sponge head should be rinsed and wrung out in a sanitizing solution once a week.
5. Rag mops should be hung head up to dry and put into the laundry once a week.
6. Please see Section 9.2.5 & 9.2.6 regarding Workplace Hazardous Material Information System – Classifications and Labeling information.

<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Procedure 5: Bathrooms	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Bathroom - Procedure 5***

1. Toilets should be cleaned and sanitized more than once a day and/or after each program and the toilet paper supply should be checked daily.
2. Bathroom sinks and countertops should be cleaned and sanitized at least once per day.
3. Bathroom floors should be swept or vacuumed daily and mopped with cleaner when obviously dirty.

<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Procedure 6: Toileting	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Toileting - Procedure 6***

Children, parents/caregivers, volunteers and staff will wash hands with soap and water after using the toilet. Hand washing instructions will be posted in washrooms.

1. If your program/centre does not have small toilets, potties or inserts are necessary. Treat potties and inserts like toilets in terms of cleaning and sanitizing.
2. See *Appendix B* for Toileting Routine Poster.

<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Procedure .7: Diaper Changing Routine	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

### ***Diaper Changing Routine - Procedure 7***

Diaper Changing Information should be posted for parents and caregivers (See *Appendix B* for Diapering Routine Posters) and be followed when staff are providing child care/respite/relief.

#### **3.7.1 Diaper Changing Surfaces**

1. Remove any visible urine or stool on the surface with a dry disposable towel or toilet paper and discard in a sealed plastic bag (if paper towel used) or in toilet (if toilet paper used). If the surface comes up cleanly, it is not necessary to wash with soap and water before sanitizing.
2. Sanitize and air-dry surface after each use.
3. Changing surface is to be non-porous (e.g. not quilted) and washable.
4. Post hand washing instructions (See *Appendix B* for Hand Washing Routine Posters).
5. There should always be a disposable barrier between the child and the table.
6. Disposable gloves should be available.

#### **3.7.2 Diaper Handling**

1. Assemble all necessary supplies and wash your hands.
2. Place a changing table paper – or paper towel – on the change table.
3. Place the child on the changing table. Remove soiled diaper and fold the surface inward and set aside.
4. If safety pins have been used to fasten the diaper, close them and put them out of the child’s reach. Never put them in your mouth.
5. Clean the child’s skin with a disposable wipe, moving from front to back.
6. When necessary, use a tissue to apply ointment or cream.
7. Put a fresh diaper on the child.

<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Procedure .7: Diaper Changing Routine	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

8. Dispose of the soiled diaper and wipes into a closed garbage container/ diaper pail.
9. Sanitize the surface of the change table after each use using disinfectant and paper towels.
10. Put away all diapering supplies.
11. Dry change table surface with paper towel.
12. Remove your gloves (if using) so that they are folded inward together without touching the skin of the hands.
13. Wash your hands thoroughly with soap and warm water for at least thirty seconds.
14. Assist the child to wash their hands.
15. Wash hands before and after changing diapers.

### **3.7.3 Diaper Pails**

- Clean, sanitize and air-dry pails daily.

<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Procedure 8: Hand Washing	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Hand Washing - Procedure 8***

At College-Montrose Children’s Place, we know that hand washing is the single most important thing we can do to control the spread of infection.

- The following hand washing procedure is followed by all staff members and taught to parents/caregivers and children:
  - Use liquid soap and warm running water
  - Wet your hands and add soap
  - Rub your hands vigorously for fifteen seconds
  - Wash all surfaces, including the backs of hands and between fingers
  - Rinse your hands well under running water
  - Dry your hands well with a single-use towel
  - Turn off the taps with a single-use towel
  - Apply hand lotion as needed
- Hand washing is always done:
  - Before and after all meals and snacks
  - Before and after handling food of any kind
  - After touching or scratching the body
  - After using or assisting a child in the washroom
  - After handling pets or refuse
  - Before and after assisting with or performing first aid
  - Before and after handling clean dishes, food or cooking
  - After blowing your nose or assisting a child with that function

Hand washing posters are posted (See *Appendix B* for Hand Washing Posters)

***Pets - Procedure 9***

Where applicable)

- Wear rubber gloves when cleaning cages or aquariums;
- Dispose of used materials in a sealed plastic bag;
- Wash hands after handling animals or maintaining their homes;

<b>SECTION 3: HEALTH AND SANITATION – POLICY &amp; PROCEDURES</b>	
Procedure 10: Garbage Handling and Disposal	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

Garbage handling and disposals is important in maintaining a clean facility and preventing the spread of disease.

***Garbage Handling and Disposals - Procedure 10***

1. Use separate containers in the diapering area, washrooms, kitchen, eating and play areas.
2. Ensure that program sites have enough covered metal or durable plastic containers for all garbage and waste materials.
3. Ensure indoor garbage containers are waterproof and have a tightly fitting lid, preferably operated by a foot pedal.
4. Open waste-baskets, in which children might play should not be used or should be kept out of reach of children.
5. Plastic liners must be used in garbage containers.
6. Ensure the plastic bags that line the garbage container fits the rim tightly so that children cannot dislodge it.
7. Keep garbage containers tightly covered and away from food.
8. Store liners out of the reach of children.
9. Dispose of garbage daily and insert a new liner in the container. Garbage must not be left overnight in a kitchen area.
10. Clean and sanitize containers once a week and whenever there is a leak or containers are visibly soiled.
11. Keep outside garbage areas clean and sanitary, minimizing odours.
12. Proper recycling methods should be followed.

## SECTION 4: INFECTION CONTROL

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<b>SECTION 4: INFECTION CONTROL</b>	
Policy 4.1: Daily Health Check Policy – Signs of Illness	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Preface*

College-Montrose Children’s Place is committed to supporting the health and well-being of our program participants, staff and volunteers, to complying with health-related requirements, to reducing illness from spreading from one person to another, and to responding to health problems.

College-Montrose Children’s Place has an obligation to control the spread of disease through the implementation of good infection control procedures.

- Infection control is the use of proper procedures and techniques to reduce the likelihood of infection or infectious disease such as:
  - Hand washing;
  - Practicing universal precautions/body substance precautions;
  - Safe handling of sharps (sharp objects);
  - Proper handling of waste;
  - Cleaning physical facilities;
- Routine practices are the manner in which all body fluids from any individual should be handled in order to prevent the spread of infection. Routine practices recognize that infectious disease does not have to be evident to be present.
- Routine practices are based on an understanding of the chain of infection. The chain shows that disease causing organisms must first be transmitted in the environment from an infected person, contaminate a new person and enter that person’s body.
- The single most important method of reducing the spread of infectious diseases is frequent and thorough hand washing with soap and water or hand disinfection with an alcohol based hand sanitizer. This activity prevents us from contaminating ourselves or those we care for with the germs picked up on our hands.

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Policy 4.1: Daily Health Check Policy – Signs of Illness	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

- It is recommended that everyone eat well, exercise moderately, get sufficient rest, and practice proper hygiene in order to stay healthy and avoid getting sick. Hand washing, when done properly, is one of the best ways to prevent the spread of germs.

### *Policy*

College-Montrose Children’s Place wants to ensure that all program participants, staff and volunteers are in good health and able to participate in the program.

Each day, staff will be aware of individuals as they arrive and throughout the day, will look for the following signs and symptoms:

- Unusual behaviour;
- Runny nose, cough, croup, wheezing, difficulty breathing;
- Fever;
- Diarrhea (two loose bowel movements in two to three hours);
- Dehydration (Lack of body fluids) – symptoms include drowsiness, no urination within the last six to eight hours, lips and tongue are dry, not drinking, skin is tight;
- Vomiting;
- Any change in skin colour – A sudden onset of paleness, or yellowing of the whites of the eyes or skin is a symptom of illness;
- Rash;

*Note: Signs of illness are to be recorded in the daily log.*

College-Montrose Children’s Place wants to ensure that all program participants, staff and volunteers all remain as healthy and safe as possible. For this reason, we have established the following procedures for managing illness:

1. Any participant, staff or volunteer cannot attend the program if they have a contagious illness such as pink-eye, a cold, the flu, chicken pox.

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Policy 4.1: Daily Health Check Policy – Signs of Illness	
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2. If an individual is not well they will be asked to leave the program.
3. Any child with a fever of 38.3°C or 101°F cannot attend the program until their temperature has been normal for at least twenty-four hours.
4. Anyone who is suffering from vomiting and/or diarrhea will not be permitted into the program until it has stopped for at least twenty-four hours.
5. Anyone with an extensive rash will be sent home and asked to see a doctor before returning to the program.
6. Everyone should be encouraged to tell staff if their child has been in contact with someone who has had chicken pox, strep throat, measles, mumps, lice, rubella, whooping cough or other infectious diseases.
7. Everyone should be asked to advise staff if they have been diagnosed with a communicable disease and have been at a program recently.
8. Staff and volunteers are encouraged to get flu shots and check with their physician to ensure that they receive immunizations when appropriate.
9. Adults with a mask on should be discouraged to participate in the program

#### Ear Infections

- Individuals will not be excluded unless too ill to take part in activities.

#### Pinkeye (Conjunctivitis)

- Exclude only if discharge is pus and then until the antibiotic has been taken for one full day. Should the particular strain appear highly contagious (e.g. is going around the program) individuals will be asked to treat and remain home for twenty-four hours.

<b>SECTION 4: INFECTION CONTROL</b>	
Policy 4.2: Universal Precautions and Infection Control of Blood Borne Germs	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

**Universal Precautions and Infection Control of Blood Borne Germs**

- Universal precaution means treating all blood as if it were infected with blood borne germs, such as HIV or HBV (Hepatitis B). This means that basic precautions are to be followed either to avoid or prevent contact with blood, to find a barrier when blood contact is unavoidable, and to kill germs correctly.
- Universal precautions apply to blood only. Precautions do not apply to feces, nasal secretions, saliva, sweat, tears, breast milk, urine and vomit unless they contain visible blood.
- Since program participants, staff and volunteers may unknowingly be infected, it is imperative to take precautions and treat all blood as if blood borne germs are present.
- College-Montrose Children’s Place recognizes that First Aid is the most important consideration but it is hoped that these added precautions will help to minimize an already low risk of blood borne germ transmission.
- When using precautions we are working to set an example and not to create an atmosphere of fear and suspicion.

<b>SECTION 4: INFECTION CONTROL</b>	
Policy 4.3: Cleaning up a Mess	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

### *Policy*

Messy accidents that involve urine, feces, vomit or blood are events that happen in centres. Because body fluids can be infectious, it is important to clean and sanitize surfaces after a spill.

CMCP will follow Canadian Pediatric Society recommendations for cleaning up large spills or accidents:

1. Move all program participants and children from the affected area.
  2. Wear gloves while cleaning. Household rubber gloves are acceptable for most spills, but not for blood. Wear disposable gloves when cleaning up blood.
  3. Wipe up the spill with disposable towels or newspaper.
  4. Clean the area by washing with a detergent solution. Rinse and dry the area.
  5. Sanitize the area with a fresh bleach solution (Use 1:10 dilution, 1 part bleach to 9 parts water).
  6. Rinse rubber gloves in bleach solution and then store. If disposable gloves are worn, remove and throw out.
  7. WASH HANDS.
  8. Rinse mops in fresh sanitizing solution and then air dry.
  9. If personal clothing is soiled, change into fresh clothing. Soiled clothing should be cleaned at home rather than rinsed or cleaned in the centre.
- You should never delay emergency action (such as stopping bleeding) because you do not have gloves. The risk to you as a staff is not nearly great enough to justify further endangering the person who needs your help.
  - A kit will be kept in the centre in a safe place containing:

<b>SECTION 4: INFECTION CONTROL</b>	
Policy 4.3: Cleaning up a Mess	
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- Plastic pail;
- One mop;
- Disposable gloves;
- One large container of bleach;
- Two packages of paper towels;
- One package of heavy plastic bags;
- Items will be placed in a cardboard box and labeled "Cleaning Up a Mess."

For blood and body fluid spills.

- Make a fresh solution with warm water daily.
- 50ml of bleach to 450ml of warm water (using 5.25%hypochlorite)
- Minimum 1 minute
- Allow to air dry

*Gloves do not replace hand washing*

Gloves provide additional protection over and above hand washing. Gloves should be worn whenever you expect your hands to have direct contact with blood, body fluids or substances, mucous membranes, non-intact skin, or the surface of articles that are soiled with the same.

Recommended guidelines for using gloves:

- Use either non-latex or vinyl gloves.
- Gloves must be worn when contacting most body parts or bodily substances.
- A pair of gloves should be used for one person only.
- Thoroughly wash your hands after removing or changing gloves.
- Gloves must be worn to clean soiled supplies or surfaces.
- Do not wash or otherwise attempt to reuse gloves.

<b>SECTION 4: INFECTION CONTROL</b>	
Policy 4.4: Safe Handling of Sharps (Sharp Objects)	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Policy*

- Blood borne infections are usually transmitted by sharp (sharp object) injuries. Sharp objects include items such as broken glass.
- Stray sharps (e.g. needles) found in park field trips should not be touched. Report to park staff if available who will see that the sharps are safely removed. Alternatively report to city parks department by calling 311
- In the event that a program participant brings in a sharp object found on the premises, they are to dispose it themselves in a container identified by the Centre.

<b>SECTION 4: INFECTION CONTROL</b>	
Policy 4.5: Outbreak Contingency Plan	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

A centre may have an outbreak if the number of ill participants/staff exceeds what you would normally expect for a certain time period, age group, program time, geographic area.

The following steps are to be followed if an outbreak is identified:

1. Send any ill individual home.
2. Exclude participants, staff and volunteers until symptom-free for a prescribed period of time before returning to the program.
3. Record the names, all symptoms and the on-set date/time that all individuals became ill.
4. Contact the Toronto Public Health Regional Office to report the outbreak (or contact Communicable Diseases Surveillance Unit at 416-392-7411).
5. Set up sanitizing procedures. Increase frequency of cleaning and disinfecting. Some program participants and children have allergies so it is important to be sanitizing after programs when no children or participants are around (if that is possible).
6. Reinforce the importance of good and frequent hand washing for all participants, staff and volunteers.
7. Suspend water play activities.
8. Post a notice in the centre to advise participants of the situation.

See *Appendix B* for Toronto Public Health Important Phone Numbers and Communicable Disease Reporting Numbers

<b>SECTION 4: INFECTION CONTROL</b>	
Policy 4.6: Immunization	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

### *Policy*

Toronto Public Health recommends flu shots for everyone except:

- People allergic to eggs, thimerosal, neomycin or gelatin;
- People who have had a reaction to the shot in the past (should talk to doctor prior to getting shot);
- Person who has a fever – must be recovered prior to getting shot;
- History of Guillain-Barre after receiving flu-shot;

Staff and volunteers are encouraged to check with their physician to ensure that they receive immunization when appropriate.

<b>SECTION 4: INFECTION CONTROL</b>	
Policy 4.7: Head Lice	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

What is Head Lice?

- Head lice is a common condition in children and is not caused by uncleanliness. They are a nuisance but they are not a health hazard.
- Head lice are insects that live and breed on your head. Head lice feed by biting your scalp. Head lice lay eggs called nits that stick to the shaft of the hair very close to the scalp.

Who can get Head Lice?

- Anyone who comes in close head to head contact with someone who has head lice (Sharing hats, scarves, combs, hair ribbons, brushes, towels, helmets, etc.).
- Head lice do not jump or fly – they crawl really quickly.
- Head lice are found more often among children ages three to ten years and their families.
- Girls get head lice more than boys, women more than men.

The following procedures will be followed at College-Montrose Children’s Place in the case of head lice:

1. Individuals who have been identified in the program will be advised and must seek treatment for the lice. It may be necessary to treat all members of the family.
2. Other participants, staff and volunteers will be asked to check themselves and their families using non-latex or vinyl gloves.
3. Ensure all infected participants and staff are treated appropriately.
4. Carpets, upholstered furniture and rugs should be vacuumed thoroughly.
5. Machine wash in hot water all linens and dress up clothes.
6. Dry clean any items that cannot be machine washed (or place the items in an airtight bag for two weeks).

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7. Discourage head to head contact and sharing of hats, scarves, combs, helmets.
8. A fact sheet needs to be distributed to all parents. Resources can be downloaded from the Toronto Public Health website (e.g. Head Lice treatments).

Head Lice Treatments:

- Talk to your doctor:
  - If you are pregnant or breastfeeding;
  - Before treating children under the age of two;
  - If a person has a seizure disorder;
  - If the skin of the scalp has an infection;
- There are many products available at your pharmacy (talk to your pharmacist)
  - Buy a head lice shampoo or cream rinse from your drug store;
  - Apply as instructed;
  - The products kill the head lice and many eggs, but a second treatment is needed 7 to 10 days later;
- Remove all nits by using fingernails or a nit comb;
- It is suggested that you limit shampoo use, or not shampoo, between the two treatments and in the week following the second treatment. This will likely allow the head lice product to work more effectively.
- Carefully check head daily between and after both treatments to remove any nits that are still present (do this in bright light).
  - Head lice and nits are commonly found around ears, forehead and nape of neck – check these areas carefully.
- Check all close contacts (i.e. family and friends).

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Exclusion from the program: The affected individual needs to be treated before he or she can return to the program. The individual may return to the program providing she or he has received effective treatment and all nits are gone.

*Head lice does not need to be reported to Public Health.*

## SECTION 5: MAINTAINING SAFE FACILITIES

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<b>SECTION 5: MAINTAINING SAFE FACILITIES</b>	
Policy 5.1: Program Opening and Closing	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

### *Policy*

The College-Montrose Children's Place must be open and ready to welcome program participants as per our schedule.

- Program opening includes:
  - Doing a safety check on the program space;
  - Making sure supplies are plentiful;
  - Checking the log book for messages from the previous day;
  - Checking voicemail for any calls;
  - Writing and recording all messages;
  - Check playground (if applicable);
  - Check all washrooms and replace supplies;
- At the end of the program day:
  - Materials and supplies that are needed for the next day are available and ready;
  - Ready the space for the cleaners;
  - Tidy up toy cupboards, snack areas etc.;
  - Turn off lights, turn down blinds, turn off air conditioners;
  - All lock up and security procedures are followed – Define for your organization.

<b>SECTION 5: MAINTAINING SAFE FACILITIES</b>	
Policy 5.2: Fire Safety Procedures	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

**Fire Emergency Procedures**

College Montrose Children’s Place  
 (Insert Site name)

**Designated Exits: (fill in as appropriate)**

**Designated Assembly Point: (Fill in as appropriate)**

**Responsibilities:**

*All Staff, Participants & Visitors:*

- On hearing a fire alarm, leave the building *immediately* by the closest Designated Exit
- Stay calm
- Do *not* stop to collect coats, purses or strollers
- Help those who need assistance (children and elderly participants)
- Go to the Designated Assembly Point
- Follow directions given by CMCP staff
- Do not re-enter the building until the signal is given by the authorities

*CMCP Marshals:*

- Ensure that all windows and doors are closed
- “Sweep” their respective areas and review attendance information to ensure that everyone has left the building

*CMCP Alternate Marshals*

- Fill in for the Marshals in the event that they are absent

*Program Staff:*

- Review fire emergency procedures with participants regularly

<b>SECTION 5: MAINTAINING SAFE FACILITIES</b>	
Policy 5.2: Fire Safety Procedures	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Fire Emergency Procedures***

**Designated Exits:** Complete as per individual sites

**Designated Assembly Point:** Complete as per individual sites

**Responsibilities:**

***All Staff, Participants & Visitors:***

- On hearing a fire alarm, leave the building *immediately* by the closest Designated Exit
- Stay calm
- Do *not* stop to collect coats, purses or strollers
- Help those who need assistance (children and elderly participants)
- Go to the Designated Assembly Point
- Follow directions given by CMCP staff
- Do not re-enter the building until the signal is given by the Maintenance Manager

***CMCP Marshals (to be designated annually per site):***

- Ensure that all windows and doors are closed
- “Sweep” their respective areas and review attendance information to ensure that everyone has left the building

***CMCP Assistant Marshals (to be designated annually):***

- Fill in for the Marshals in the event that they are absent

***Program Staff:***

- Review fire emergency procedures with participants regularly

<b>SECTION 5: MAINTAINING SAFE FACILITIES</b>	
Policy 5.3: Emergency Search and Evacuation Policy	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Policy*

College-Montrose Children’s Place has a responsibility to ensure the safety of all program participants, staff and volunteers in the event of a fire or other situation that requires the search and/or evacuation of the building.

All staff and volunteers must be familiar with our evacuation policies and procedures and review them with program participants when orienting them to the College-Montrose Children’s Place.

Emergency search and evacuation policies should be followed in any situation where remaining in the building may put the health and welfare of people at risk. Examples of when to use emergency evacuation procedures include:

- Fire
- Gas leak or chemical spill
- Threatening situation which could affect people’s safety
- Natural disaster

Roles and responsibilities are clearly defined for each staff at each program site. All staff and volunteers must be clear about their particular role in the event of a building evacuation. Please see Policy 5.3.2 page 84 for staff roles and responsibilities and Policy 5.3.6 page 87 for staff roles and responsibilities.

**5.3.1 In the event of a fire, staff must (designated staff):**

1. Pull the closest fire alarm and call (9-1-1) regardless of the size of the fire.
2. Pick up sign-in sheets and leave the area immediately. It is important that program sign-in information is accurate. In the event of an evacuation, sign-in sheets are used to ensure that everyone is safe
3. Ensure that all children and/or disabled persons have the assistance they need to evacuate the building

<b>SECTION 5: MAINTAINING SAFE FACILITIES</b>	
Policy 5.3: Emergency Search and Evacuation Policy	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

4. Before opening any door, feel the knob for heat. If it is not hot, brace yourself against the door slightly and open it. If you feel air pressure or a hot draft, close the door quickly.
5. If you encounter smoke, consider taking an alternate stairwell/exit. Crawl low under smoke.
6. Go to the designated exit and leave the building. DO NOT use elevators.
7. Close all doors behind you. Take keys with you.
8. In the case of fire, activate fire alarm; never assume this has already been done.
9. Give the correct name and address of the building, the location of the fire and your name.
10. Meeting spot is defined for each program site. Meet at designated spot for the particular program site and verify that all program participants, staff and volunteers are accounted for
11. Advise emergency officials of any missing person, their age and possible whereabouts in the building.
12. Notify the Executive Director and lead staff.
13. No employee other than the Executive Director or his/her alternate may speak to the public or the media about the emergency or evacuation.
14. Complete a *Serious Occurrence* Report as per policy.

**5.3.2 If an unidentified and suspicious object is found in the building, a quiet and systematic evacuation of the building is required. In such an event, staff must:**

1. Pull the closest fire alarm.
2. Direct people to quickly and quietly leave the building, maintaining control and minimizing panic.
3. Pick up sign-in sheets and leave the area immediately. It is important that program sign-in information is accurate. In the event of an evacuation, sign-in sheets are used to ensure that everyone is safe.

<b>SECTION 5: MAINTAINING SAFE FACILITIES</b>	
Policy 5.3: Emergency Search and Evacuation Policy	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

4. Ensure that all children and/or disabled persons have the assistance they need to evacuate the building.
5. Go to the nearest exit and leave the building. DO NOT use elevators.
6. Close all doors behind you. Take keys with you.
7. Meeting spot is defined for each program site. Meet at designated spot for the particular program site and verify that all program participants, staff and volunteers are accounted for.
8. Advise emergency officials of any missing person, their age and possible whereabouts in the building.
9. Notify the Executive Director and lead staff.
10. No employee other than the Executive Director or his/her alternate may speak to the public or the media about the emergency or evacuation.
11. Complete a *Serious Occurrence Report* as per policy.

**5.3.3 In conducting searches of their designated area, staff should:**

1. Look for something that doesn't belong or seems out of the ordinary.
2. Conduct your search quickly but thoroughly (maximum of 15 – 20 minutes).
3. If you find a suspicious object DO NOT TOUCH IT.
4. Note the description of the object, its location and any other important information and report it immediately to the authorities.

**5.3.4 In the event of fire, everyone must:**

1. Evacuate the building as quickly as possible. Close doors behind you as you exit.
2. Staff designates (e.g. fire captains) must check washrooms, offices, meeting rooms, etc. as per staff responsibilities.

<b>SECTION 5: MAINTAINING SAFE FACILITIES</b>	
Policy 5.3: Emergency Search and Evacuation Policy	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

3. Before opening any door, feel the knob for heat. It is not hot, brace yourself against the door slightly and open it. If you feel air pressure or a hot draft, close the door quickly.
4. If you encounter smoke, consider taking an alternative stairwell/exit. Crawl low under smoke.
5. Leave the building by the nearest exit, DO NOT use elevators.
6. If parents are meeting in a separate room from their children, the staff who are with the children are responsible for evacuating them.
7. Meet at designate spot for your program site and check-in with program staff to be accounted for. Do not leave before checking in with staff.
8. Remember, if we do not know that you are safe, someone may risk their lives to try and find you.
9. Do not re-enter the building until you are given permission to do so.

**5.3.5 If you cannot leave your room or have returned to it because of fire or heavy smoke:**

1. Close your door.
2. Be sure the door is unlocked so that firefighters can reach you.
3. If you require assistance and can call (9-1-1), do so and let the Fire Department know where you are in the building.
4. If smoke comes into the room, seat the base of the door with a wet towel or blanket and crouch down low to the floor.
5. Move to the most protected area you can – and partially open a window if possible. (Keep the window closed if smoke comes in).
6. Wait to be rescued.
7. Listen for any instructions by emergency personnel.

**5.3.6 In the event of a situation requiring evacuation, everyone must:**

<b>SECTION 5: MAINTAINING SAFE FACILITIES</b>	
Policy 5.3: Emergency Search and Evacuation Policy	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

1. Pull fire alarm to alert other occupants in the building.
2. Evacuate the building as quickly as possible. Close doors behind you as you exit.
3. Leave the building by the nearest exit. DO NOT use elevators.
4. If parents are meeting in a separate room from their children, the staff who are with the children are responsible for evacuating them.
5. Meet at designate spot for your program site and check-in with program staff to be accounted for. Do not leave before checking in with staff.
6. Remember, if we do not know that you are safe, someone may risk their lives to try and find you.
7. Do not re-enter the building until you are given permission to do so.

<b>SECTION 5: MAINTAINING SAFE FACILITIES</b>	
Policy 5.4: Emergency Numbers	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Policy***

Ensure that emergency numbers (e.g. 9-1-1, Works Department, Public Health, etc.) and the location major intersections of the organization are posted by all phones.

Lead staff will request emergency contact information from the City of Toronto annually and will post at each site.

See *Appendix B* for important Toronto Public Health phone numbers.

<b>SECTION 5: MAINTAINING SAFE FACILITIES</b>	
Policy 5.5: Accident Prevention	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Policy*

Everyone has an important role to play in ensuring that College-Montrose Children’s Place is safe and should be encouraged to adopt an accident prevention mindset. Working safely and using common sense can prevent many accidents and injuries.

College-Montrose Children’s Place has established the following procedures to prevent accidents and injuries:

1. Staff, volunteers and program participants should not engage in any activity that could endanger themselves or others. Activities such as pushing, shoving, pranks, throwing things or running in the building are not permitted.
2. All equipment and furniture will be well maintained and all broken items will be removed.
3. Age appropriate programming, toys and equipment will be provided.
4. Cleaning materials and supplies will be clearly labeled and kept out of reach of small children.
5. Hot liquids (e.g. coffee, tea) will never be left within the reach of any child. Hot drinks can only be consumed in designated areas (adult table in the room) to minimize the potential for burns.
6. All toys and equipment meet current safety standards.
7. Electrical outlets will be covered with safety plugs to prevent children from getting shocked.

<b>SECTION 5: MAINTAINING SAFE FACILITIES</b>	
Policy 5.6: Non-Smoking	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Policy***

All public places and workplaces in the City of Toronto are to be smoke free (City of Toronto No Smoking By-Law). College-Montrose Children’s Place is a non-smoking facility. Smoking is not permitted inside our building nor on any School Board property.

<b>SECTION 5: MAINTAINING SAFE FACILITIES</b>	
Policy 5.7: Reporting Unsafe Conditions	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Policy*

College-Montrose Children’s Place is committed to promptly addressing any and all unsafe conditions. Taking a risk management approach to health and safety requires staff to think ahead and work to prevent accidents before they happen.

All staff and volunteers will:

- Report any conditions or situations that appear unsafe to your immediate supervisor.
- Avoid any situation that appears unsafe.
- Not take chances by using faulty or unsafe equipment.
- According to the Occupational Health and Safety Act, staff have the right to refuse to work in unsafe conditions.

<b>SECTION 5: MAINTAINING SAFE FACILITIES</b>	
Policy 5.8: Hot Tap Water Scalds Prevention	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

A scald is a second-degree burn caused by hot liquid or steam. Although scalds caused by hot coffee, tea or hot foods are more common, hot tap water scalds of children are often more severe.

Children are more at risk for tap water scalds because:

- A child's skin is thinner, more sensitive and burns more quickly than adult's
- Children cannot move away from the hot water quickly

To prevent hot tap water scalds in children, the hot water at your tap should be no higher than 49°C.

**SECTION 6: FOOD AND NUTRITION**

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<b>SECTION 6: FOOD AND NUTRITION</b>	
Policy 6.1: Preparation and Serving of Nutritious Snacks	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Policy*

The College-Montrose Children’s Place ensures that all child participants receive nutritious snacks that take into account health issues and respect family preferences.

- The preparation and serving of snacks will meet all regulatory requirements.
- Food will be stored, handled, prepared and served to ensure food safety and to avoid food-borne diseases as per Food Handling policies. (See Policy 6.2, Page # 95)

<b>SECTION 6: FOOD AND NUTRITION</b>	
Policy 6.2: Safe Food Handling	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

## *Policy*

In order to ensure safe food handling the following information will be considered and procedures will be followed:

- One staff from each site will receive Public Health Food Handler Certificate training.

### **6.2.1 Temperature Control**

- Most food poisonings are caused by temperature abuse during the storage of hazardous foods. Although food borne illness is one of the most common diseases affecting people, it often goes untreated. Symptoms can include mild stomach discomfort, vomiting, diarrhea and in some cases death. Illness can occur within one hour to several days after consuming the contaminated food. Most commonly, symptoms occur between six and seventy-two hours.
- Hazardous foods refer to food that is able to support the growth of pathogenic micro-organisms or the production of toxins.
- Hazardous food includes poultry, ground meats and dairy products.

### **6.2.2 The Danger Zone**

- The Danger Zone is the temperature range between 4°C and 60°C. Keep food out of the danger zone as bacteria will multiply quickly in the Danger Zone.
- Keep hot food hot 60°C or above.
- Keep cold food cold at 4°C or below.
- Do not allow hazardous food to be in the danger zone longer than two hours when preparing food.
- Cool food quickly using shallow pans or an ice bath.
- Quickly reheat food to at least 74°C.

<b>SECTION 6: FOOD AND NUTRITION</b>	
Policy 6.2: Safe Food Handling	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

- If hazardous food is displayed at room temperature for any length of time, the food must not be eaten and must be properly disposed of.

### 6.2.3 Cooking Food Thoroughly

- Make sure all hazardous food is cooked to an internal temperature of at least 74°C as well.
- Reheat all hazardous food to an internal temperature of at least 74°C as well.
- Make sure poultry is fully cooked (Note: Poultry is one of the most common sources of food borne illness).

### 6.2.4 Refrigeration

#### Temperature Control

- Each refrigerator must have a reliable indicating thermometer to ensure proper operation;
- Food that spoil easily (e.g. meats, pastries) must be stored at safe temperatures;
- Keep cold food cold at 4°C (40°F) or lower;
- Frozen food must be maintained at -18°C (0°F) or lower;
- Refer to *Section 3 Procedure 3.1* for more information on cleaning and sanitizing appliances;

#### Proper Refrigerator Use

- Place food in the refrigerator so that air can circulate around it freely;
- Cover all food and drinks stored in a refrigerator to prevent contamination;
- Ready to eat food must be stored separately or above raw food to prevent cross contamination;

#### Maintenance

- Defrost and clean refrigerators regularly for efficient operation;

<b>SECTION 6: FOOD AND NUTRITION</b>	
Policy 6.2: Safe Food Handling	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

- All interior surfaces, racks and trays as well as the fan grill, must be washed and sanitized regularly to prevent odour, mold and to maintain cleanliness;
- All indicating thermometers must be in good working condition;

### **6.2.5 Defrosting Food Safely**

- Keep frozen food below -18°C (0°F);
- Storing hazardous food at -18°C (0°F) for twenty-one days or more will kill parasites and their eggs;
- Food can be safely defrosted in the refrigerator, under running cold water or in the micro wave;
- Make sure the outside of the food is kept cool and out of the Danger Zone;
- Foods that have been frozen and allowed to thaw are not to be refrozen unless cooked first;

### **6.2.6 Cross-contamination**

- Cross-contamination occurs when safe to eat food comes in contact with pathogenic bacteria, chemicals or unwanted items making the food unsafe to eat.
- Cross-contamination happens in three ways:
  - Raw food or its juices come in contact with cooked food;
  - Contaminated hands touching food;
  - Using the same equipment, to handle raw and cooked food;
- Make sure cutting boards, knives and equipment are cleaned and sanitized after they come in contact with hazardous food;
- Store cooked or ready to eat food above raw food or in a separate refrigerator;
- Label chemicals and pesticides and store them away from food, mops, brooms and brushes must be stored in a separate room;

<b>SECTION 6: FOOD AND NUTRITION</b>	
Policy 6.2: Safe Food Handling	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

- Wash your hands (*Refer to Section 3, on Health & Sanitation, Procedure 8, Page # 64*);

### **6.2.7 Hand Washing**

*(Refer to Section 3, on Health & Sanitation, Procedure 8)*

### **6.2.8 Cleaning and Sanitizing**

*Refer to Section 3 on Health and Sanitation, Procedure 2 & Procedure 3)*

### **6.2.9 Garbage Disposal**

*Refer to Section 3 on Health and Sanitation, Procedure 1)*

### **6.2.10 Pest Control**

- Pest control is the responsibility of the building maintenance staff. Staff will record any infestation of pest to building maintenance.

<b>SECTION 6: FOOD AND NUTRITION</b>	
Policy 6.3: Snack Time	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

### *Policy*

During snack time, the following procedures are followed to reduce the spread of germs and infections:

- Participants, staff, volunteers and students are reminded not to give out any food or drink without first checking with the parent/caregiver or staff member due to allergies.
- Paper towels should be available along with two separate sinks – one for washing dishes and the other for washing hands. Staff must remind participants to refrain from using the food sink for hand washing.
- Spills should be cleaned immediately using basic bleach solution.
- Children should not be permitted to share food during this time.
- No one with gastro-intestinal infection should handle food.
- Tools such as ladles, lifters, tongs and scoops should be used to handle food. If tools cannot be used, wear disposable non-latex gloves.

*See policy 2.4 Allergies under Section 2 – Ensuring Personal Safety*

## **SECTION 7: STAFF AND VOLUNTEER HEALTH AND SAFETY**

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<b>SECTION 7: STAFF AND VOLUNTEER HEALTH AND SAFETY</b>	
Policy 7.1: Emergency Contact Information	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Policy***

All staff and volunteers of College-Montrose Children’s Place must provide Emergency Contact Information. This information:

- Must be recorded on the Emergency Information Form (See *Appendix A* for Sample Form) and given to your immediate supervisor.
- Must be kept up to date. Please notify your supervisor if the information changes
- Will be kept confidential.

<b>SECTION 7: STAFF AND VOLUNTEER HEALTH AND SAFETY</b>	
Policy 7.2: Health and Safety Orientation and Training	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Policy***

The staff and volunteers working at College-Montrose Children’s Place play a critical role in ensuring that our health and safety policies are used in the day to day running of our organization. To ensure this:

- All staff and volunteers will be asked to read our Health and Safety Policies as part of their initial orientation. They will be asked to sign a form acknowledging that they have read and understood these policies. (*see Appendix A2* )
- Staff will be provided with appropriate health and safety training (as outlined in the health and safety policies – First Aid, CPR, Food Handling, Handling and Storage of Chemicals).
- Each supervisor is responsible for ensuring that all staff and volunteers that report to him/her have read and understood these policies and their responsibilities.
- Staff will be kept informed of new Health and Safety Policies and Procedures.

<b>SECTION 7: STAFF AND VOLUNTEER HEALTH AND SAFETY</b>	
Policy 7.3: Refusal to Work	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Policy***

College-Montrose Children’s Place recognizes that the Occupational Health and Safety Act states that employees have the right to refuse to do work that they believe may endanger themselves or others.

Any employee who feels that work may endanger themselves or others are to follow the following steps:

1. The employee should promptly report the work refusal to his or her supervisor.
2. The supervisor should promptly investigate the refusal with the employee present.
3. If the refusal can be resolved and an agreement reached, then the work can resume.
4. If a resolution cannot be reached and the employee still believes the work is unsafe, then the employee should notify the Ministry of Labour about his/her refusal to work.
5. The Ministry of Labour inspector should respond within two hours during which time the employee shall remain in a safe place or, continue with reasonable alternate work.
6. No other employee will be assigned the refused work pending the decision of the Ministry of Labour inspector.
7. The Ministry of Labour will render a judgment.

<b>SECTION 7: STAFF AND VOLUNTEER HEALTH AND SAFETY</b>	
Policy 7.4: Use of Intoxicants	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

The use of drugs, alcohol or other intoxicants while working at College-Montrose Children’s Place is forbidden. Any staff or volunteer who is impaired may be sent home immediately and may be subject to immediate termination.

Except when alcohol is being served at special designated events, anyone bringing alcohol, drugs or other intoxicants into the building may be asked to leave immediately.

<b>SECTION 7: STAFF AND VOLUNTEER HEALTH AND SAFETY</b>	
Policy 7.5: Workplace Safety Insurance	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Policy*

CMCP will carry WSIB coverage. It is critical that all reporting requirements and timelines are met in order to ensure that coverage is provided as required.

Basic requirements of the employer' if someone injures themselves on the job includes:

1. Give first aid immediately;
2. Get the person to a doctor or hospital if necessary;
3. Investigate the incident and report the injury without delay to the WSIB (Form 7 – [www.wsib.on.ca](http://www.wsib.on.ca));
4. If possible, have the worker sign your Form 7. This signature permits the worker's doctor to send you a report that helps identify what tasks your worker can take on during recovery;
5. Pay a full day's wages for the day of the injury. WSIB benefits begin the next working day after the injury occurs;

<b>SECTION 7: STAFF AND VOLUNTEER HEALTH AND SAFETY</b>	
Policy 7.6: Workplace Health and Safety Representative	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

***Policy***

- Ontario’s Occupational Health and Safety Act states that every worker in Ontario has the right to a safe and healthy workplace.
- The Act outlines the specific responsibilities of each work group (e.g. employer, managers, workers, director) to ensure a safe and healthy work place.
- The Act requires that any work place that regularly employs 20 or more workers must establish a Health & Safety Committee. This Committee must meet at least 4 times per year. Smaller organizations can designate a Health and Safety Representative in place of a Committee.
- CMCP will ensure that there is a designated a Health & Safety Representative. This representative’s responsibilities will include:
  - Identifying situations that present a danger to workers;
  - Investigating critical injuries and work refusals;
  - Making recommendations to management and/or the Board of Directors for programs and procedures to improve the health and safety of workers;
  - Inspecting the work place monthly according to a pre-determined schedule;

For more information on Workplace Health and Safety Committees, please see *Section 9*.

## SECTION 8:COMMUNICATIONS

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<b>SECTION 8: COMMUNICATIONS</b>	
Policy 8.1: Responding to Visitors	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

### *Policy*

All staff must be welcoming but cautious when strangers come to the centre. Although it is our intention to be hospitable you must take the necessary steps to ensure the safety and security of all participants and staff.

1. Use judgment when greeting someone new to the centre.
2. If you are not familiar with the individual, inquire as to their interest in the centre.
3. If the person has arrived for a scheduled tour ask that they remain in the foyer and inform the Executive Director (adapt to your organizational sites)
4. If the person is requesting an unscheduled tour and the Executive Director is unavailable give them a business card and suggest they call for an appointment (this does not apply to potential new participants)
5. If a community official arrives at the centre (e.g. City, Ministry, Public Health, Fire, Police, etc.) request to see proper identification. Then inform the Executive Director. If an appropriate person is not available the staff in charge will call the Executive Director for further direction.

<b>SECTION 8: COMMUNICATIONS</b>	
Policy 8.2: Daily Logs	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

### *Policy*

- A communication/message book will be kept in the centre for the purpose of recording daily messages and incidents. The information will be shared between staff and management.
  - It is vital that all staff, students and volunteers read the daily log before starting work and throughout the day
  - It is important that all messages be recorded in the daily log.
  - The daily log needs to be kept at the centre when completed. Logs will be filed annually and kept by the program administrative assistant for a period of 7 years after which they will be shredded.
  - The daily log cannot be altered in any way since it is maintained as part of organizational records

<b>SECTION 8: COMMUNICATIONS</b>	
Policy 8.3: Parent/Caregiver Communication	
Date Policy Approved: Nov 24, 2005	Date Policy Reviewed/Revised: Dec 6, 2016

*Policy*

- Staff are expected to respond to parents/caregiver questions and concerns in a polite and professional manner. Matters concerning the administration of the program should be forwarded to the Executive Director and/or designate.
- The centre provides a range of opportunities for parent involvement and communication at the centre:
- A suggestion box will be placed in each site in order to encourage parents/caregivers to provide written suggestions and feedback
- Parents and caregivers are encouraged to participate in centre Participant Meetings and Board Committees.

## SECTION 9: RELATED LEGISLATION

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## SECTION 9: RELATED LEGISLATION

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### 9.1 Child and Family Services Act – Chapter 11, Section 72

#### Duty to report child in need of protection

72. (1) Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society:

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's
  - i. failure to adequately care for, provide for, supervise or protect the child,  
or
  - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
  - i. failure to adequately care for, provide for, supervise or protect the child,  
or
  - ii. pattern of neglect in caring for, providing for supervising or protecting the child.
3. The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.
4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.
5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.
6. The child has suffered emotional harm, demonstrated by serious,

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- anxiety
- depression
- withdrawal
- self-destructive or aggressive behaviour, or
- delayed development

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

7. The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to services or treatment to remedy or alleviate the harm.

8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and that the child's parent or person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

9. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

10. The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

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11. The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment.

12. The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately. 1999, c. 2, s. 22 (1).

### **Ongoing duty to report**

72. (2) A person who has additional reasonable grounds to suspect one of the matters set out in subsection (1) shall make a further report under subsection (1) even if he or she has made previous reports with respect to the same child. 1999, c. 2, s. 22 (1).

### **Person must report directly**

72. (3) A person who has a duty to report a matter under subsection (1) or (2) shall make the report directly to the society and shall not rely on any other person to report on his or her behalf. 1999, c. 2, s. 22 (1).

### **Offence**

72. (4) A person referred to in subsection (5) is guilty of an offence if,

- (a) he or she contravenes subsection (1) or (2) by not reporting a suspicion; and
- (b) the information on which it was based was obtained in the course of his or her professional or official duties. 1999, c. 2, s. 22 (2).

### **Same**

72. (5) Subsection (4) applies to every person who performs professional or official duties with respect to children including.

- (a) a health care professional, including a physician, nurse, dentist, pharmacist and psychologist;

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- (b) a teacher, school principal, social worker, family counsellor, priest, rabbi, member of the clergy, operator or employee of a day nursery and youth and recreation worker;
- (c) a peace officer and a coroner;
- (d) a solicitor; and
- (e) a service provider and an employee of a service provider, 1999, c. s. 22 (3).

### **Same**

72. (6) In clause (5) (b).

“youth and recreation worker” does not include a volunteer. 1999, c. 2, s. 22 (3).

### **Same**

- (6.1) A director, officer or employee of a corporation who authorizes, permits or concurs in a contravention of an offence under subsection (4) by an employee of the corporation is guilty of an offence. 1999, c. 2, s. 22 (3).

### **Same**

- (6.2) A person convicted of an offence under subsection (4) or (6.1) is liable to a fine of not more than \$1,000. 1999, c. 2, s. 22 (3).

### **Section overrides privilege**

72. (7) This section applies although the information reported may be confidential or privileged, and no action for making the report shall be instituted against a person who acts in accordance with this section unless the person acts maliciously or without reasonable grounds for the suspicion. R.S.O. 1990, c. C. 11, s. 72 (7); 1999, c. 2, s. 22 (4).

### **Exception: solicitor client privilege**

72. (8) Nothing in this section abrogates any privilege that may exist between a solicitor and his or her client. R.S.O. 1990, c. C. 11, s. 72 (8).

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### **Conflict**

72. (9) This section prevails despite anything in the Personal Health Information Protection Act, 2004. 2004, c. 3, Sched. A, s. 78 (2).

### **Duty of society**

72.1 (1) A society that obtains information that a child in its care and custody is or may be suffering or may have suffered abuse shall forthwith report the information to a Director.

### **Definition**

72. (2) In this section and sections 73 and 75,

“to suffer abuse”, when used in reference to a child, means to be in need of protection within the meaning of clause 37 (2) (a), (c), (e), (f), (f.1) or (h).

1999, c. 2, s. 23 (1).

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### 9.2 Occupational Health and Safety

#### 9.2.1 Introduction from Human Resources in the Voluntary Sector Website ([www.hrvs.ca](http://www.hrvs.ca))

Health and safety legislation regulates the standards of workplace safety with the aim to prevent workplace accidents and injury, and outlines consequences to breaches in those standards. It details responsibilities of employers, supervisors and employees.

Generally this legislation requires that the employer do everything they can reasonably do to protect the health and safety of their employees. This includes, but is not limited to: providing appropriate training for handling potentially dangerous equipment and/or material, informing employees of potential dangers in the workplace, and setting up safe work practices. Employees have the right to refuse work that is unsafe.

You need to consult health and safety legislation on a variety of issues, including but not limited to:

- Refusal to work because of unsafe conditions
- Violence in the workplace
- Dangerous equipment/material
- Emergency procedures
- Lifting heavy objects
- First aid skills requirements
- And others

We encourage you to contact your provincial/territorial office dealing with Occupational Health and Safety if you have any questions or concerns about your workplace. See below for websites.

Workers Compensation Boards are insurance boards that protect employers from being sued by their employees. They also ensure that employees will have access to income if they become injured at work. In some jurisdictions Workers Compensation Boards provide ongoing training and resources about occupational health and safety. In the links below, we've included the body responsible for providing this information and, where they are separate organizations, the link to the Workers Compensation Board.

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### Excellent Website

The Canadian Centre for Occupational Health and Safety ([www.ccohs.ca](http://www.ccohs.ca)) has an excellent, comprehensive Web site. The OSH Answers section addresses common questions including information about legislation and is one of the best sources of information about occupations health and safety. Many of the sites below link directly to this website for further information about key issues.

### **Ontario**

Ontario Ministry of Labour – Occupational Health and Safety  
([www.gov.on.ca/lab/english/hs](http://www.gov.on.ca/lab/english/hs))

Right in the opening section of this website, there's a useful guide to health and safety with information for employers, employees and supervisors. On the left navigation, there are sections on the legislation and more online publications.

Workplace Safety and Insurance Board for Ontario ([www.wsib.on.ca](http://www.wsib.on.ca))

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### 9.2.2 Province of Ontario – A Guide to the Occupational Health and Safety Act ([www.gov.on.ca/lab/english/hs](http://www.gov.on.ca/lab/english/hs))

This Guide can be downloaded, as it is 88 pages. Here is the Table of Contents for your reference.

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### 9.2.3 Occupational Health and Safety Legislation in Canada – Basic Requirements ([www.ccohs.ca/oshanswers/legisi/](http://www.ccohs.ca/oshanswers/legisi/))

#### **Are there any similarities in OH&S legislation across Canada?**

Many basic elements (e.g., rights and responsibilities of workers, responsibilities of employers, supervisors, etc.) are similar in all the jurisdictions across Canada. However, the details of the OH&S legislation and how the laws are enforced vary from one jurisdiction to another. In addition, provisions in the regulations may be “mandatory”, “discretionary” or “as directed by the Minister”.

#### **What are general responsibilities of governments?**

General responsibilities of governments for occupational health and safety include:

- Enforcement of occupational health and safety legislation
- Workplace inspections
- Dissemination of information
- Promotion of training, education and research
- Resolution of OH&S disputes

#### **What are the employees’ rights and responsibilities?**

Employees responsibilities include the following:

- Responsibility to work in compliance with OH&S acts and regulations
- Responsibility to use personal protective equipment and clothing as directed by the employer
- Responsibility to report workplace hazards and dangers
- Responsibility to work in a manner as required by the employer and use the prescribed safety equipment

Employees have the following three basic rights:

- Right to refuse unsafe work

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- Right to participate in the workplace health and safety activities through Joint Health and Safety Committee (JHSC) or as a worker health and safety representative
- Right to know, or the right to be informed about, actual and potential dangers in the workplace

### **What are the supervisor's responsibilities?**

As a supervisor, he or she:

- Must ensure that workers use prescribed protective equipment devices
- Must advise workers of potential and actual hazards
- Must take every reasonable precaution in the circumstances for the protection of workers

### **What are the employer's responsibilities?**

An employer must:

- Establish and maintain a joint health and safety committee, or cause workers to select at least one health and safety representative
- take every reasonable precaution to ensure the workplace is safe
- Train employees about any potential hazards and in how to safely use, handle, store and dispose of hazardous substances and how to handle emergencies
- Supply personal protective equipment and ensure workers know how to use the equipment safely and properly
- Immediately report all critical injuries to the government department responsible for OH&S
- Appoint a competent supervisor who sets the standards for performance, and who ensures safe working conditions are always observed

### **What happens when there is a refusal for unsafe work?**

An employee can refuse work if he/she believes that the situation is unsafe to either himself/herself or his/her co-workers. When a worker believes that a work refusal should be initiated, then

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- The employee must report to his/her supervisor that he/she is refusing to work and state why he/she believes the situation is unsafe
- The employee, supervisor, and a JHSC member or employee representative will investigate
- The employee returns to work if the problem is resolved with mutual agreement
- If the problem is not resolved, a government health and safety inspector is called
- Inspector investigates and gives decision in writing

If you have specific concerns about what regulations require employers and workers to do, you should consult local authorities in your jurisdiction. This is especially true if your questions deal with the content, interpretation, compliance and enforcement of the legislation, and how it applies in your own workplace situation.

We have provided referrals in the section on OH&S agencies responsible for occupational health and safety. Local offices are usually listed in telephone directory "Blue Pages" or under separate federal and provincial government headings in other telephone directories.

Document last updated on January 20, 1999

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**Visit the OSH Answers Web Site at <http://www.ccohs.ca/oshanswers/>**

For information about other CCOHS Products and Services please contact Marketing, Sales and Communications at:

Phone 1-800-668-4284

(toll-free in Canada and USA)

1-905-572-2981

FAX 1-905-572-2206

E-mail [clientservices@ccohs.ca](mailto:clientservices@ccohs.ca)

135 Hunter Street East, Hamilton, Ontario, Canada L8N 1M5

If you have further questions about this or other workplace health and safety topics contact the CCOHS Inquiries Service at:

If you have further questions about this or other workplace health and safety topics contact the CCOHS Inquiries Service at:

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Phone 1-800-263-8466

(toll-free in Canada only)

1-905-572-4400

FAX 1-905-572-4500

Submit question [http://www.ccohs.ca/ccohs/inquiries/inquiries\\_form.html](http://www.ccohs.ca/ccohs/inquiries/inquiries_form.html)

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### 9.2.4 Workplace Hazardous Material Information System (WHMIS – Classification) ([www.ccohs.ca/oshanswers/](http://www.ccohs.ca/oshanswers/))

#### What are WHMIS classes or classifications?

WHMIS (Workplace Hazardous Material Information System) uses classifications to group chemicals with similar properties or hazards. The Controlled Products Regulations specifies the criteria used to place materials within each classification. There are (6) classes although several classes have divisions or subdivisions. Each class has a specific symbol to help people identify the hazard quickly. The classes are:

Class A – Compressed Gas

Class B – Flammable and Combustible Gas

Division 1: Flammable Gas

Division 2: Flammable Liquid

Division 3: Combustible Liquid

Division 4: Flammable Solid

Division 5: Flammable Aerosol

Division 6: Reactive Flammable Material

Class C – Oxidizing Material

Class D – Poisonous and Infectious Material

Division 1: Materials causing immediate and serious toxic effects

Subdivision A: Very toxic material

Subdivision B: Toxic material

Division 3: Bio hazardous Infection Material

Class E – Corrosive material

Class F – Dangerously reactive material

What is a Class A – Compressed Gas?

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Any material that is normally a gas which is placed under pressure or chilled, and contained by a cylinder is considered to be a compressed gas. These materials are dangerous because they are under pressure. If the cylinder is broken, the container can 'rocket' or 'torpedo' at great speeds and this is a danger to anyone standing too close. If the cylinder is heated (by fire or rise in temperature), the gas may try to expand and the cylinder will explode. Leaking cylinders are also a danger because the gas that comes out is very cold and it may cause frostbite if it touches your skin (for example: carbon dioxide or propane). Common examples include: compressed air, carbon dioxide, propane, oxygen, ethylene oxide, and welding gases. The hazard symbol is a picture of a cylinder or container of compressed gas surrounded by a circle.



Additional dangers may be present if the gas has other hazardous properties. For example: propane is both a compressed gas it will burn easily. Propane would have two hazard symbols – the one for a compressed gas and another to show that it is a flammable material.

### What is a Class B – Flammable and Combustible Material?

Flammable means that the material will burn or catch on fire easily at normal temperatures (below 37.8 degrees C or 100 deg F). Combustible materials must usually be heated before they will catch on fire at temperatures above normal (between 37.8 and 93.3 deg C or 100 and 200 deg F). Reactive flammable materials are those which may suddenly start burning when it touches air or water, or may react with air or water to make a flammable gas. The material may be a solid, liquid or gas which makes up the different divisions that fall under this class. Common examples include: propane, butane, acetylene, ethanol, acetone, turpentine, toluene, kerosene, Stoddard solvent, spray paints and varnish. The symbol for this class is a flame with a line under it inside a circle.



### What is a Class C – Oxidizing Materials?

Oxygen is necessary for a fire to occur. Some chemicals can cause other materials to burn by supplying oxygen. Oxidizers do not usually burn themselves but they will either help the fire by providing more oxygen or they may cause materials that normally do not burn to suddenly catch on fire (spontaneous combustion). In some cases, a spark or flame (source of ignition) is not necessary for the material to catch on fire but only the presence

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of an oxidizer. Oxidizers can also be in the form of gases (oxygen, ozone), liquids (nitric acid, perchloric acid solutions) and solids (potassium permanganate, sodium chlorite). Some oxidizers such as the organic peroxide family are extremely hazardous because they will burn (they are combustible) as well as they have the ability to provide oxygen for the fire. They can have strong reactions which can result in an explosion. The symbol for oxidizing materials is an “o” with flames on top of it inside a circle.



### What is a Class D – Poisonous and Infectious materials?

Class D materials are those which can cause harm to your body. They are divided into three major divisions.

#### Division 1: Materials Causing Immediate and Serious Toxic Effects

These are materials that are very poisonous and immediately dangerous to life and health. Serious health effects such as burns, loss of consciousness, coma or death within just minutes or hours after exposure are grouped in this category. Most D-1 materials will also cause longer term effects as well (those effects that are not noticed for months or years). Examples of some D-1 materials include carbon monoxide, sodium cyanide, sulphuric acid, toluene-2,4-diisocyanate (TDI), and acrylonitrile. The symbol for Class D – Division 1 (D-1) is a skull and crossed bones inside a circle.



#### Division 2: Materials Causing Other Toxic Effects

These materials are poisonous as well. Their effects are not always quick, or if the effects are immediate but they are only temporary. The materials that do not have immediate effects, however, may still have very serious consequences such as cancer, allergies, reproductive problems or harm to the baby, changes to your genes, or irritation / sensitization which have resulted from small exposures over a long period of time (chronic effects).



Division 2 of Class D has two subclasses called D2A (very toxic) and D2B (toxic). While it is not a legal requirement for the WHMIS sub-classification to be reported on the Material Safety Data Sheet (MSDS) nor is it a requirement for classes D2A or D2B to be distinguished on the label, it is often possible to make this distinction using the health hazard information on the label and/or the MSDS.

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Products are typically classified as D2A (very toxic) if the chemical has been shown to be carcinogenic, embryo toxic, teratogenic, mutagenic (to reproductive cells), reproductive toxic, sensitizer (to respiratory tract) or chronic (long term) toxicity (at low doses). Subdivision D2B (toxic) covers mutagenic (to non-reproductive cells), sensitization of the skin, skin or eye irritation, as well as chronic toxic effects.

Examples include: asbestos fibres, mercury, acetone benzene, quartz silica (crystalline), lead and cadmium. The symbol for materials causing other toxic effects looks like a “T” with an exclamation point “!” at the bottom inside a circle.

### Division 3: Biohazardous Infectious Materials

These materials are organisms or the toxins they produce that can cause diseases in people or animals. Included in this division are bacteria, viruses, fungi and parasites. Because these organisms can live in body tissues or fluids (blood, urine), the tissues and fluids are also treated as toxic. Bio hazardous infectious materials are usually found in a hospital health care facility, laboratories, veterinary practices and research facilities. Workers in these places do not usually know which tissues or fluids contain dangerous organisms. For this reason, the workers assume that every sample is dangerous and proper protection is used all the time. Examples of bio hazardous infectious materials include the AIDS/HIV virus, Hepatitis B and salmonella. The symbol for this division looks like three “c”s joined together with a little circle in the middle all inside a circle.



### What is a Class E – Corrosive Material?

Corrosive is the name given to materials that can cause severe burns to skin and other human tissues such as the eye or lung, and can attack clothes and other materials including metal. Corrosives are grouped in this special class because their effects are permanent (irritants whose effects may be similar but temporary are grouped in Class D-2). Common corrosives include acids such as sulphuric and nitric acids, bases such as ammonium hydroxide and caustic soda and other materials such as ammonia gas, chlorine, and nitrogen dioxide. The symbol for a corrosive is a picture of two test tubes pouring liquid on a bar (piece of metal) and a hand with lines coming off of them inside a circle.



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### What is a Class F – Dangerously Reactive Materials?

A material is considered to be dangerously reactive if it shows three different properties or abilities: first, if it can react very strongly and quickly (called “vigorously”) with water to make a toxic gas; second, if it will react with itself when it gets shocked (bumped or dropped) or if the temperature or pressure increases; and thirdly, if it can vigorously join to itself (polymerization), break down (decomposition) or lose extra water such that it is a more dense material (consideration). If a material is dangerously reactive, it will most likely be described as “unstable”. Most of these materials can be extremely hazardous if they are not handled properly because they can react in such a quick manner very easily. Examples of these products are ethyl acrylate, vinyl chloride, ethylene oxide, picric acid and anhydrous aluminum chloride, the symbol for dangerously reactive materials is a picture of a test tube with sparks or lines coming out of the tube surrounded by a letter “R” inside a circle.



### Are there any hazardous materials not included in WHMIS?

Yes. There are nine basic categories of materials that are not covered by WHMIS. When WHMIS was created it was recognized that a lot of safety information was already being transmitted to workers for many of these products under other laws. To prevent delay in starting WHMIS, exclusions were made.

They are:

- consumer restricted products \*those products sold to people on regular stores that are already labelled following the rules of the Hazardous Products Act)
- explosives (as defined by the Explosives Act)
- cosmetics, drugs, food or devices (as defined by the Food and Drug Act)
- pest control products (pesticides, herbicides, insecticides, etc) ( as defined by the Pest Control Products Act)
- radioactive materials (as defined by the Atomic Energy Control Act)
- wood and products made of wood
- a manufactured article
- tobacco or products made of tobacco

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- hazardous wastes

Materials which fall under WHMIS follow the Transportation of Dangerous Goods Act and Regulations while they are in transport (shipment).

For several years, there have been proposals to make some of the above products follow the WHMIS regulations yet.

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### 9.2.5 WHMIS – Labelling Requirements ([www.ccohs.oshanswers/legisl/](http://www.ccohs.oshanswers/legisl/))

#### What is a WHMIS label?

In Canada, the WHMIS (Workplace Hazardous Material Information System) label is one of the ways health hazard information is made available to anyone using the material. Labels are required by WHMIS laws.

#### Why label stuff?

Labels are important because they are the first alert there may be hazards associated with using the product covered by WHMIS legislation. The labels also tell what precautions to take when using the product. In addition, labels also inform the person that there is a Material Safety Data Sheet (MSDS) available which contains more detailed information on the product.

#### Who is responsible for labelling?

Suppliers are responsible for labelling WHMIS-controlled products that they provide to customers. Employers and sometimes employees are all responsible for labelling or relabeling products in the workplace, as directed in occupational health and safety legislation. This includes labelling controlled products with workplace labels, decanted products, laboratory chemicals or piping and bulk containers where a controlled product is being held or is flowing.

#### Are there different types of labels?

Yes. A WHMIS label can be a mark, sign, stamp, sticker, seal, ticket, tag or wrapper. It can be attached, imprinted, stenciled or embossed on the controlled product or its container. However, there are two different types that are used most often: the supplier label and the workplace label.

#### Is the content of supplier and workplace labels different?

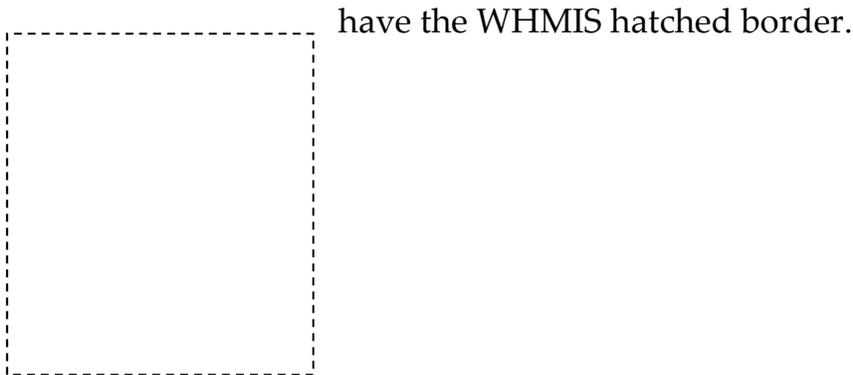
There are slightly different requirements for what must be on the label depending on who is required to put the label on the product. If a supplier label is not attached to a controlled product you are not to use the material until the supplier gives you an MSDS and a supplier label.

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A supplier label must:

- appear on all controlled products received at workplaces in Canada
- contain the following information:
- product identifier (name of product)
- supplier identifier (name of company that sold it)
- a statement that an MSDS is available
- hazard symbols [the pictures of the classification(s)]
- risk phrases (words that describe the main hazards of the product)
- precautionary measures (how to work with the product safely), and
- first aid measures (what to do in an emergency)
- have all text in English and French



LABEL BORDER

Supplier labels for materials from a laboratory supply house that are intended for use in a laboratory in amount less than 10 kg. and any controlled product sold in a container with less than 100 ml may contain less information than listed above. If the product is always used in the container with the supplier label, no other label is required (unless the supplier label falls off or becomes unreadable). However, sometimes you will want to put some of the material into another container for use in the workplace. This new container does require a workplace WHMIS label.

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A workplace label must:

- appear on all controlled products produced in a workplace or transferred to other containers by the employer
- may appear in placard form on controlled products received in bulk from a supplier
- have the following information:
  - product identifier (product name)
  - information for the safe handling of the product
  - statement that the MSDS is available
- may contain the WHMIS hazard symbols or other pictograms.

These are the minimum requirements for workplace labels. The employer may wish to put more information on the labels but it is not required under the law.

### Do workplace labels have to have a hatched border?

Supplier labels must have a hatched border around the information on the label but labels prepared in the workplace do not necessarily have to have hatched borders.

The Hazardous Products Act and the Controlled Products Regulations specify, among other things, what suppliers and importers are required to do with respect to MSDSs and labels. Section 20 of the Controlled Products Regulations prescribes label design requirements for supplier labels and Schedule III has a picture of how the label should look.

It is occupational health and safety legislation, not the Controlled Products Regulations, that describe what employer must do when preparing workplace labels. For example, section 10.41 on “Replacing Labels” in the Canada Occupational Safety and Health Regulations states:

“Where, in a work place, a label applied to a controlled product or a container of a controlled product becomes illegible or is removed from the controlled product or the container, the employer shall replace the label with a work place label that discloses the following information in respect of the controlled product

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- (a) the product identifier
- (b) the hazard information; and
- (c) a statement indicating that a material safety data sheet is available in the workplace.”

This section does not require employers to use WHMIS symbols and a hatched border when preparing workplace labels. However, nothing in the regulations prevents an employer from using the WHMIS requirements for designing supplier labels when prepare workplace labels. Provincial OH&S legislation have similar provisions.

### What happens if I put the material in a different container?

You must use a workplace label on the container. There are two special cases when a workplace label is not necessary. When a controlled material is poured into a container and it is going to be used immediately, no label is required. Also, if the material is “under the control of the person who decanted it” (which means if the person who poured it will be the only one using it) and if the material is all used during one shift, just the product identifier (name) is required. However, if the material is not used right away or if more than one person will be in control of the material, a workplace label is required. Your company may have special rules about labelling containers so you should ask about labelling policies.

### What types of labels do I use if the material is shipped in bulk?

Material that is shipped in bulk also follows special rules. The tank or container that the bulk material is transferred into must be labelled with either a supplier label or a workplace label. When the material is moved into containers for resale or delivery out of your workplace, you must put a supplier label on each container. When the bulk material is used in your workplace (usually transferred into smaller containers), a workplace label is required on the containers.

### Are workplace labels necessary if the material is in a pipe or reaction vessel?

Not necessarily. Pipes and reaction vessels may be marked in other ways such a colour coding, or placards. However, it is the employer’s duty to train workers how to recognize and interpret the markings used in your workplace.

### Are labels different if I work in a laboratory?

## SECTION 9: RELATED LEGISLATION

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Sometimes. Laboratory samples of controlled products that are less than 10 kilograms do not have to have a WHMIS label as long as there is a label which states the following in both English and French:

- the product identifier (name),
- the chemical identity or generic chemical identity of an ingredient of the controlled product, if known,
- the supplier identification
- the statement “Hazardous Laboratory Sample. For hazard information or in an emergency, call...” and an emergency telephone number must be provided.

What are the WHMIS symbols?

	Class A – Compressed Gas	Contents under high pressure. Cylinder may explode or burst when heated, dropped or damaged.
	Class B – Flammable and Combustible Material	May catch fire when exposed to heat, spark or flame. May burst into flames.
	Class C – Oxidizing Material	May cause fire or explosion when in contact with wood, fuels or other combustible material.
	Class D, Division 1 Poisonous and Infectious Material: Immediate and serious toxic effects	Poisonous substance. A single exposure may be fatal or cause serious or permanent damage to health.

## SECTION 9: RELATED LEGISLATION

	<p>Class D, Division 2 Poisonous and Infectious Material: Other toxic effects</p>	<p>Poisonous substance. May cause irritation. Repeated exposure may cause cancer, birth defects, or other permanent damage.</p>
	<p>Class D, Division 3 Poisonous and Infectious Material: Bio hazardous infectious materials</p>	<p>May cause disease or serious illness. Drastic exposures may result in death.</p>
	<p>Class E – Corrosive Material</p>	<p>Can cause burns to eyes, skin or respiratory system.</p>
	<p>Class F – Dangerously Reactive Material</p>	<p>May react violently causing explosion, fire or release of toxic gases, when exposed to light, heat, vibration or extreme temperatures.</p>

Document last updated on July 25, 2001

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<b>SECTION 9: RELATED LEGISLATION</b>	
Introduction: Workplace Safety and Insurance Board (WSIB)	
Date Policy Approved: Nov 25, 2005	Date Policy Reviewed/Revised: Mar 5, 2015

**9.3 Introduction: Workplace Safety and Insurance Board (WSIB)**

Who we are

The Workplace Safety and Insurance Board (WSIB) of Ontario, formerly known as the Workers’ Compensation Board (WCB), is one of the largest workplace insurers in North America. We are an agency of the Ontario Government originally established in 1915 and funded entirely by premiums from employers. The WSIB currently provides coverage to more than 200,000 employers and an estimated 4,000,000 workers.

Our vision is the elimination of all workplace injuries and illnesses. As well as administering a no-fault workplace insurance system for Ontario employers, the WSIB plays a key role in promoting workplace safety through training and education.

How we contribute to the success of your business

Our prevention products can help you to reduce the direct and indirect costs to your business of workplace injuries and illnesses. If a workplace injury or illness does occur, registration with the WSIB protects you and your business from potential lawsuits. Learn more about our prevention programs.

What we offer

The WSIB provides a range of benefits to injured or ill workers for health care, loss of earnings, loss of retirement income, as well as survivor benefits for families of workers who die as a result of workplace injuries and illnesses. We also assist with early and safe return to work after an injury or illness.

Do you need to register?

Most businesses in Ontario that employ workers (including family members and sub-contractors) must register with the WSIB within 10 days of hiring their first full-or part-time worker, it’s the law.

<b>SECTION 9: RELATED LEGISLATION</b>	
Introduction: Workplace Safety and Insurance Board (WSIB)	
Date Policy Approved: Nov 25, 2005	Date Policy Reviewed/Revised: Mar 5, 2015

Almost 15, 000 employers have elected to have insurance coverage with us, although they are not required by law to register. Find out if you’re in one of these industries and calculate your estimated premium.

If you are required by law to register with us, use our general Premium Estimator.

How much does it cost?

The premium you pay for WSIB coverage is based on several factors including the nature of your business, the size of your payroll, and your injury-and-illness experience. Your WSIB premium is a tax-deductible business expense, and is not subject to the 8% provincial sales tax or the 2% federal premium tax.

Why should I purchase workplace insurance from the WSIB?

Workplace injuries and illnesses can happen to anyone and the consequences for people, families, and businesses can be devastating. Shirley Hickman and Paul Kells lost teenaged sons in workplace fatalities; Mary Long lost her husband; Ray Smith suffered a serious eye injury at work; and Jean-Jaques Trugeon became a paraplegic. Each of these people has testifies: workplace injuries, illnesses, and deaths happen to real people – they can affect anyone.

For almost every working day in Ontario, a worker dies as a result of a workplace injury or illness. Consider the emotional and financial costs of these injuries and illnesses to individuals, to families and to businesses. Can you afford not to work with the WSIB to protect your employees and your business?

<b>SECTION 9: RELATED LEGISLATION</b>	
Introduction: Workplace Safety and Insurance Board (WSIB)	
Date Policy Approved: Nov 25, 2005	Date Policy Reviewed/Revised: Mar 5, 2015

We're here to help you

You can calculate your estimated premium online

The Workplace Safety and Insurance Board

200 Front Street West

Toronto, ON M5V 3J1

Phone: (416)344-1000

Toll free: 1-800-387-5540

Ontario Toll free: 1-800-387-0750

TTY: 1-800-387-0050

Web site: [www.wsib.on.ca](http://www.wsib.on.ca)

## Appendices

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## Appendix A1: Finders Guide

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The following chart provides a quick, alphabetical guide for location of policies and resources.

<b>Name of Policy or Resource</b>	<b>Section where it is found</b>
Accident Prevention	5
Aggression/Assault	2
Allergies and Scent Free Environment	2
Bathrooms	3
Biting	2
Bomb Threats	2
Cash Handling and Theft	2
Child Abuse Disclosure and Reporting <ul style="list-style-type: none"><li>• Procedures</li><li>• Defining Child Abuse</li><li>• Duty to Report</li><li>• Contact Information, Further Information and Resources</li></ul>	2
Child and Family Services Act	9
Child Guidance	2
Cleaning and Sanitizing <ul style="list-style-type: none"><li>• Dishes and Utensils</li><li>• Surfaces and Appliances</li><li>• Toys, Equipment and Play Areas</li><li>• Safe Storage of Cleaning Materials</li></ul>	3
Cleaning up a Mess (infection Control)	4
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## Appendix A1: Finders Guide

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Criminal Reference Checks	2
Daily Health Check – Signs of Illness	4
Daily Logs	8
Diaper Changing Routine <ul style="list-style-type: none"><li>• Diaper Changing Surface</li><li>• Diaper Handling</li><li>• Diaper Pails</li></ul>	3
Diaper Changing Routine Poster	Appendix B
Dishwashing Method Poster	Appendix B
Emergency Contact Information	7
Emergency Numbers	5
Emergency Search and Evacuation	5
Field Trip	2
Fire Safety	5
First Aid	2
Food Allergies	6
Garbage Handling and Disposal	3
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Hot Tap Water Scalds Prevention	5
Important Phone Numbers (Public Health)	Appendix B
Immunization	4
Intoxicants (Use of)	7
Kitchen and Eating Areas <ul style="list-style-type: none"> <li>• Cleaning and Sanitizing Surfaces and Appliances</li> <li>• Cleaning and Sanitizing Dishes and Utensils</li> <li>• Storage of Clean Dishes and Utensils</li> <li>• Kitchen Linen</li> <li>• Sinks</li> <li>• Staff Reminders for the Kitchen Area</li> <li>• Sanitizing Solution</li> </ul>	3
Missing Child	2
Mold	5
Non-Smoking	5
Non-Violence Policy	2
Occupational Health and Safety Legislation	9
Outbreak Contingency Plan	4
Parent Caregiver Communication	8
Personal Safety of Participants, Staff and Volunteers	2
Personal Safety Training	2
Pest Control	6

## Appendix A1: Finders Guide

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Pets	3
Picking Up of Children	2
Playground Safety	5
Program Opening and Closing	5
Program Sign in	2
Refusal to Work	7
Reporting Unsafe Conditions	5
Safe Food Handling <ul style="list-style-type: none"> <li>• Temperature Control</li> <li>• The Danger Zone</li> <li>• Cooking Food Thoroughly</li> <li>• Refrigeration</li> <li>• Defrosting Food Safety</li> <li>• Cross-contamination</li> <li>• Hand Washing</li> <li>• Cleaning and Sanitizing</li> <li>• Garbage Disposal</li> <li>• Pest Control</li> </ul>	6
Safe Handling of Sharps (Sharp Objects)	4
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Serious Occurrences	2
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Toileting	3

## Appendix A1: Finders Guide

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Trespassers	2
Troubled Program Participants	2
Universal Precautions and Infection Control of Blood Borne Germs	4
Unusual Occurrences	2
Visitors (Respond to)	8
Weapons	2
Working Alone and/or in a Remote Area	2
Workers Compensation	7
Workplace Health and Safety Committee	7
Workplace Safety Insurance <ul style="list-style-type: none"> <li>• Overview of Workplace Safety Insurance Board (WSIB)</li> <li>• Family Resource Program Coverage Requirements</li> <li>• Family Resource Programs with WSIB Coverage</li> <li>• The Health Care Health and Safety Association of Ontario (HCHSA)</li> <li>• More Information about WSIB</li> </ul>	7
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# Children's Place

We treat everyone respectfully.

We respect different ways of raising children.

We offer our programmes and services to all people regardless of race, culture, religion, age, country of origin, family make up, ability or sexual orientation.

我們以禮待人

我們尊重不同教養孩子的方式

不論個人之膚色、文化、宗教、年齡、國籍、家庭背景、性別或是否殘障，我們均提供一致的程序和服務

Nós tratamos todos com respeito.

Nós respeitamos as diferentes maneiras de educar/criar as crianças.

Os nossos programas são oferecidos a todos independentemente da raça, cultura, religião, idade, país de origem, descendência e orientação sexual.

We do not allow discrimination against anyone.

We do not permit any violence in words or actions.

我們不容許對任何人存有歧視

我們不准許任何言語上或行動上之暴力行爲

Nós não permitimos qualquer tipo de discriminação seja contra quem for.

Nós não permitimos violência quer seja verbal ou de qualquer outro tipo.



# Appendix A2 – Sample Forms

Ministry of Education

Family Support Program Serious Occurrence Report  
eyibsr@ontario.ca



Part 1: (TO BE SUBMITTED WITHIN 24 HOURS OF SERIOUS OCCURRENCE)	
<b>REGION (select one):</b> <input type="checkbox"/> TORONTO <input type="checkbox"/> LONDON <input type="checkbox"/> BARRIE <input type="checkbox"/> OTTAWA <input type="checkbox"/> NORTH BAY / SUDBURY <input type="checkbox"/> THUNDER BAY <input type="checkbox"/> OTHER	<b>MEDU Contact Person:</b>  
<b>Name of Service Provider (and Program):</b>  	<b>Executive Director:</b> _____ <b>Board President/Owner*:</b> _____ * if applicable
<b>Site address (full address):</b>  	<b>Phone number:</b> _____ <b>Email address:</b> _____
<b>DATE OF INCIDENT (MM/DD/YYYY):</b>  	<b>DATE &amp; TIME WHEN INCIDENT IS DEEMED TO BE A SERIOUS OCCURRENCE*</b> (MM/DD/YYYY): _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>TIME OF INCIDENT (IF KNOWN):</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
* PLEASE EXPLAIN IF MORE THAN 24 HOURS HAVE PASSED SINCE DATE & TIME OF INCIDENT/OCCURRENCE:	
<b>REPORTED BY:</b> _____ <b>POSITION:</b> _____ <b>PHONE #:</b> _____	

## SECTION A: CLIENT DATA

Client date of birth (MM/DD/YYYY):	Age(s)
1.	1.
2.	2.

## SECTION B: TYPE OF SERIOUS OCCURRENCE (report only one from the following)

<input type="checkbox"/> 1. Death of a child	<input type="checkbox"/> 4. Child is Missing (if the child is still missing when the SOR is submitted) (Note: Ministry must be notified of final outcome)
<input type="checkbox"/> 2. Serious injury to a child that requires treatment by a regulated health professional (doctor, nurse, dentist, etc.) and/or a serious injury that involves the police, fire or ambulance/EMS/paramedics	<input type="checkbox"/> 5. High potential for public criticism of the Ministry of Education and/or if the situation may lead to questions being asked by the media
<input type="checkbox"/> 3. Allegation of abuse and/or neglect of a child	

## SECTION C: DETAILS OF SERIOUS OCCURRENCE

SUMMARY OF OCCURRENCE –  tick if other pages are attached  
 What, where and when it happened, actions taken by the service provider

## Appendix A2 – Sample Forms

<p><b>WHO HAS BEEN NOTIFIED?</b></p> <p><input type="checkbox"/> Police   <input type="checkbox"/> Parent/Guardian/Emergency Contact</p> <p><input type="checkbox"/> CAS PLEASE SPECIFY: _____</p> <p><input type="checkbox"/> Other PLEASE SPECIFY: _____</p> <p>PLEASE SPECIFY: _____</p>	<p><b>FURTHER ACTION PROPOSED BY SERVICE PROVIDER</b></p> <p><input type="checkbox"/> <i>tick if other pages are attached</i></p>
<p><b>DIRECTION, IF ANY, PROVIDED BY MINISTRY -</b> <input type="checkbox"/> <i>tick if other pages are attached</i></p>	
<p><b>Part 2: (TO BE SUBMITTED WITHIN 7 DAYS OF SOR REPORT IF FURTHER ACTION TAKEN/REQUESTED)</b></p>	
<p><b>CURRENT STATUS/CONDITION:</b></p>	<p><b>CLIENT'S ALLEGATION/CLIENT'S VIEW (IF APPLICABLE):</b></p>
<p><b>FURTHER ACTION PROPOSED BY SERVICE PROVIDER</b></p>	<p><b>IS THIS EXPECTED TO BE THE ONLY/LAST REPORT SUBMITTED FOR THIS SERIOUS OCCURRENCE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:</p>

### SECTION D: SERIOUS OCCURRENCE REPORT SIGN OFF

<p><b>SUBMITTED BY (NAME &amp; POSITION)</b></p>	<p><b>PHONE NUMBER</b></p>	<p><b>COMPLETION DATE &amp; TIME:</b> (MM/DD/YYYY): _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p>
<p><b>ADDITIONAL DETAILS (IF REQUIRED):</b></p> <p>PLEASE IDENTIFY THE SECTION OF THE REPORT THAT IS BEING EXPANDED UPON</p>		

## Appendix A2 – Sample Forms

### Field Trip Permission Form

I give permission for my child \_\_\_\_\_ to attend the field trip to \_\_\_\_\_ with Children’s Place staff and volunteers on \_\_\_\_\_.

Parent’s Signature \_\_\_\_\_

I would like to accompany the class on this field trip: \_\_\_\_\_ yes: \_\_\_\_\_ no

## Appendix A2 – Sample Forms

### Staff and Volunteer Emergency Contact Information

Name \_\_\_\_\_

Social Insurance No. \_\_\_\_\_

Phone: Home. \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency who should we contact \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Emergency Phone No. \_\_\_\_\_

Any other instruction:

---

---

Please notify your supervisor when you want to change any  
information on this form.

## Appendix A2 – Sample Forms

### Health and Safety Orientation Form

I, \_\_\_\_\_, a \_\_\_\_\_ at NAME  
NAME TITLE

OF ORGANIZATION have received an orientation to the health and safety

policies of the organization on \_\_\_\_\_  
DATE

I understand these policies, and am willing to follow them and will encourage others to abide by them as well.

---

SIGNATURE

## Appendix A2 – Sample Forms

### HEALTH AND SAFETY POLICIES AND PROCEDURES MANUAL

#### Receipt

This health and safety policies and procedures manual has been prepared for your information and understanding of the health and safety policies, philosophies and practices of College-Montrose Children’s Place.

PLEASE READ IT CAREFULLY. Upon completion of your review of this manual, please sign the statement below, and return to your supervisor by the due date.

I, \_\_\_\_\_, have received and read a copy of College-Montrose Children’s Place Health and Safety Policies and Procedures Manual which outlines the health and safety policies and procedures of College-Montrose Children’s Place, as well as my responsibilities as an employee regarding these policies and procedures.

I have familiarized myself with the contents of this manual. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in this handbook provided to me by College-Montrose Children’s Place.

I understand this handbook is not intended to cover every situation which may arise during my employment, but is simply a general guide to the health and safety policies and procedures of College-Montrose Children’s Place.

I understand that College-Montrose Children’s Place’s Health and Safety Policies and Procedures Manual is not a contract of employment and should not be deemed as such, and that I am an employee at will.

\_\_\_\_\_

(Employee signature)

Please return by: \_\_\_\_\_

(put date here)

## Appendix B – Sample Resources

### A3 Sample Resources



#### IMPORTANT PHONE NUMBERS

Report All Cases of Reportable Diseases to Toronto Public Health  
 At (416) 392-7411 (8:30am to 4:30 pm Monday to Friday) Fax: 416-392-0047  
 After-hours & weekends: 3-1-1 or (416) 392-2489 for callers from outside of Toronto

Your Facility Location	Control of Infectious Disease/infection Control  For infection control issues; (outbreak control, control of infectious diseases, in-services, etc.)	Healthy Environments  (Food safety, water quality, health hazard investigation, smoking legislation)
North Region	(416) 338-8400	(416) 338-8410
East Region	(416) 338-7492	(416) 338-7431 (416) 397-4777
West Region	(416) 338-1521	(416) 392-7685 (416) 392-0936 (416) 392-0978
South Region	(416) 338-7685	(416) 338-7685 (416) 392-0936

Your Public Health Representative is: \_\_\_\_\_  
 Regional Office: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Other Commonly Used Numbers:

- Access Toronto.....311 or (416)338-0338
- Client AIDS & Sexual Health Infoline.....(416)392-2437
- Drug Abuse Prevention.....(416)392-0807
- Immunization Line.....(416)392-1250
- Smog Alert Hotline.....311 or 416-338-7600
- TB Prevention & Control Program..... 416-338-7600
- Toronto Health Connection Line.....(416)338-7600
- Food Line.....(416)338-3663

# COMMUNICABLE DISEASE REPORTING

## CONTACT INFORMATION:

Communicable Disease Surveillance Unit  
 277 Victoria Street, 10th Floor, Toronto, ON M5B 1W2  
 Phone: 416-392-7411 Fax: 416-392-0047

After hours: 3-1-1 or 416-392-CITY(2489) for callers from outside of Toronto

Timely reporting of communicable diseases is essential for their control. If you suspect or have confirmation of the following specified Reportable Communicable Diseases or their etiologic agents, (as per Ontario Regs 559/91 and amendments under the Health Protection and Promotion Act) please report them to the local Medical Officer of Health:

- |   |  |  |
|---|--|--|
| Acquired Immunodeficiency Syndrome (AIDS)   | <b>*Haemophilus influenzae b disease, invasive</b> | Pneumococcal disease, invasive   |
| Acute Flaccid Paralysis, <15 years old  | <b>*Hantavirus Pulmonary Syndrome</b>              | <b>*Poliomyelitis, acute</b>   |
| Amebiasis   | <b>*Hemorrhagic fevers, including:</b>             | Psittacosis/Ornithosis   |
| <b>*Anthrax</b>   | 1. <b>*Ebola virus disease</b>                     | <b>*Q Fever</b>  |
| <b>*Botulism</b>  | 2. <b>*Marburg virus disease</b>                   | <b>*Rabies</b>   |
| <b>*Brucellosis</b>   | 3. <b>*Other viral causes</b>                      | <b>*Respiratory infection outbreaks in institutions</b>                                    |
| <i>Campylobacter</i> enteritis  | <b>*Hepatitis, viral</b>                           | <b>*Rubella</b>  |
| Chancroid   | 1. <b>*Hepatitis A</b>                             | Rubella, congenital syndrome   |
| Chickenpox (Varicella)  | 2. Hepatitis B                                     | Salmonellosis  |
| <i>Chlamydia trachomatis</i> infections   | 3. Hepatitis C                                     | <b>*Severe Acute Respiratory Syndrome (SARS)</b>   |
| <b>*Cholera</b>   | Influenza  | <b>*Shigellosis</b>  |
| <b>*Clostridium difficile associated disease (CDAD) outbreaks in public hospitals</b> | <b>*Lassa Fever</b>                                | <b>*Smallpox</b>   |
| Creutzfeldt-Jakob Disease, all types  | <b>*Legionellosis</b>                              | Syphilis   |
| <b>*Cryptosporidiosis</b>   | Leprosy  | Tetanus  |
| <b>*Cyclosporiasis</b>  | <b>*Listeriosis</b>                                | Trichinosis  |
| <b>*Diphtheria</b>  | Lyme Disease                                       | Tuberculosis   |
| <b>*Encephalitis, including:</b>  | Malaria  | <b>*Tularemia</b>  |
| 1. <b>*Primary, viral</b>   | <b>*Measles</b>                                    | <b>*Typhoid Fever</b>  |
| 2. Post-infectious  | <b>*Meningitis, acute</b>                          | <b>*Verotoxin-producing E. coli infection, including Haemolytic Uraemic Syndrome (HUS)</b> |
| 3. Vaccine-related  | 1. <b>*Bacterial</b>                               | <b>*West Nile Virus illness, including:</b>  |
| 4. Subacute sclerosing panencephalitis  | 2. Viral   | i. <b>*West Nile fever</b>   |
| 5. Unspecified  | 3. Other   | ii. <b>*West Nile neurological manifestations</b>  |
| <b>*Food poisoning, all causes</b>  | <b>*Meningococcal disease, invasive</b>            | <b>*Yellow Fever</b>   |
| <b>*Gastroenteritis, institutional outbreaks</b>                                      | Mumps  | Yersiniosis  |
| <b>*Giardiasis, except asymptomatic cases</b>   | Ophthalmia neonatorum                              |  |
| Gonorrhoea  | Paralytic Shellfish Poisoning                      |  |
| <b>*Group A Streptococcal disease, invasive</b>                                       | <b>*Paratyphoid Fever</b>                          |  |
| Group B Streptococcal disease, neonatal   | Pertussis (Whooping Cough)                         |  |
|   | <b>*Plague</b>                                     |  |

Note: Diseases marked \* (and Influenza in institutions) should be reported immediately to the Medical Officer of Health by telephone. Other diseases can be reported by the next working day by fax, phone or mail.

April 2014

PH13126S287B

[toronto.ca/health](http://toronto.ca/health)



## Appendix B – Sample Resources



### TOILETING ROUTINE

<b>Step 1</b>	If the child wears a diaper, remove it. If the diaper is soiled, clean and dry the child's skin. Dispose of the cloth or disposable diaper in the appropriate manner.
<b>Step 2</b>	Place the child on the toilet or potty. Stay with the child for a specific period of time. Five minutes is usually long enough.
<b>Step 3</b>	Wipe the child
<b>Step 4</b>	Flush the toilet or let the child flush it. If a potty was used, empty its contents into the toilet and flush.
<b>Step 5</b>	If necessary, diaper the child and help the child get dressed.
<b>Step 6</b>	Assist the Child in hand washing. Return the child to a supervised area.
<b>Step 7</b>	Rinse out the potty and flush the water down the toilet. If there is any remaining stool in the potty, wear household rubber gloves to remove all the stool with toilet paper. Rinse the potty and flush the water.
<b>Step 8</b>	If wearing rubber gloves, remove them. Spray the sanitizing solution onto the potty and the diaper-changing surface (if used). Leave for 30 seconds.
<b>Step 9</b>	Put away all diapering supplies
<b>Step 10</b>	Wash your hands
<b>Step 11</b>	Dry the potty with a single-use towel. Dispose of the cloth or paper towel as appropriate
<b>Step 12</b>	Dry the diaper-changing surface with a different towel. Dispose of the cloth or paper towel as appropriate
<b>Step 13</b>	Return the potty to the storage area
<b>Step 14</b>	Wash your hands
<b>Step 15</b>	Record the child's use of the potty, any unusual bowel movements and skin condition, as necessary.

Source: Adapted from the Canadian Pediatrics Society, Well Beings, 1996

02-Feb-04



**HANDWASHING  
FOR STAFF**

<b>Step 1</b>	<b>Use liquid soap and warm running water</b>
<b>Step 2</b>	<b>Wet your hands and add soap</b>
<b>Step 3</b>	<b>Rub your hands vigorously for 15 minutes</b>
<b>Step 4</b>	<b>Wash all surfaces, including the backs of hands and between fingers</b>
<b>Step 5</b>	<b>Rinse your hand well under running water</b>
<b>Step 6</b>	<b>Dry your hands well with a single use towel. Turn off the taps with the towel</b>
<b>Step 7</b>	<b>Apply hand lotion, as needed</b>

Washing your hands is the single most effective way  
of reducing the spread of infection.

Source: Canadian Pediatric Society, 1996 Well Beings.

# Hand Washing



1. Wet hands



2. Apply soap



3. Lather for 15 seconds. Rub between fingers, back of hands, fingertips, under nails



4. Rinse well under running water



5. Dry hands well with paper towel or hot air blower



6. Turn taps off with paper towel, if available

## Stop the Spread of Germs

### Always Clean Your Hands

**After you:**

- Sneeze, cough or blow your nose
- Use the washroom or change diapers
- Handle garbage

**Before and after you:**

- Prepare or eat food
- Touch a cut or open sore

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# Hand Sanitizing



1. Apply sanitizer (minimum 70% alcohol-based)



2. Rub hands together



3. Work sanitizer between fingers, back of hands, fingertips, under nails



4. Rub hands until dry

## Stop the Spread of Germs

### Always Clean Your Hands

#### After you:

- Sneeze, cough or blow your nose
- Use the washroom or change diapers
- Handle garbage
- Play outdoors

#### Before and after you:

- Prepare or eat food
- Touch a cut or open sore

If hands are visibly dirty use soap and water

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## Appendix B – Sample Resources



### DIAPER-CHANGING ROUTINE

Step 1	Assemble all the necessary supplies you need
Step 2	Place the child on the changing surface and remove the soiled diaper. Fold the soiled surface inward and set it aside. If safety pins have been used to fasten the diaper, close them and put them out of the child's reach. Never put pins in your mouth.
Step 3	Clean and dry the child's skin
Step 4	When necessary, use a facial tissue to apply ointments or creams
Step 5	Put a fresh diaper on the child
Step 6	Wash the child's hands. Return the child to a supervised area
Step 7	Formed stool can be flushed down the toilet. Do not rinse the diaper
Step 8	Dispose of the disposable diaper and if applicable, the disposal paper covering. Place soiled cloth diaper in a suitable container for pick-up
Step 9	Spray the sanitizing solution (1:100 dilution of bleach to water) onto the entire surface of the changing surface. Leave for 30 seconds. **
Step 10	Put away all the diapering supplies
Step 11	Wash your hands
Step 12	Dry the changing surface with a single-use towel. Dispose of the cloth or paper towel
Step 13	Wash your hands
Step 14	Record skin condition and bowel movements, as necessary.

\*\*If change table becomes visibly contaminated with feces, use a 1:10 dilution of bleach to water and leave for 20 minutes.

Source: Adapted from the Canadian Pediatrics Society, Well Beings, 1996

02-Feb-04

## Appendix B – Sample Resources



### MIXING OF CHLORINE (BLEACH) SOLUTION FOR DISINFECTING

WHEN TO USE	RATIO	HOW TO MIX
Disinfecting diaper change table (no visible contamination) Disinfecting counter surfaces General disinfecting Disinfecting toys	(1 to 100 dilution of bleach to water)	5ml of bleach mixed with 495 ml of water (metric).  1 teaspoon of bleach mixed with 2 cups of water (imperial)
Disinfecting areas contaminated by blood, feces, vomit, urine, etc. Environmental disinfecting during outbreaks	(1 to 10 dilution of bleach to water)	50 ml (1/4 cup) of bleach mixed with 450 ml (2 1/4 cups) of water

NOTE: Ensure that the area to be disinfected is first washed and rinsed thoroughly with a detergent solution before disinfecting with bleach. When disinfecting, allow for a minimum of 20 minutes contact time of bleach solution to area contaminated by blood, feces, vomit or urine.

The following methods are based on ordinary household bleach solution, which contains 5.25% chlorine solution. The methods do not apply to other concentrations of chlorine solution.

Source: Infection Control and Applied Epidemiology; Principle And Practice. Association for Professionals in Infection Control and Epidemiology, Inc. (1996); Canadian Pediatric Society, 1996 Well Beings.

02-Feb-04

## Appendix B – Sample Resources



### Mixing of Chlorine (bleach) Solution for Sanitizing

The following methods are based on ordinary household bleach solution, which contains 0.0525 chlorine per 1 ml of solution. The method will not apply to other concentrations of chlorine solution.

One teaspoon = 4.7 ml One litre = 1000ml
<u>Sanitizing Utensils</u> : 100 PPM chlorine Solution <b>Mix 2 ml or approximately half teaspoon/capful of bleach in one litre of water</b>
<u>Sanitizing Large Equipment</u> : 200 PPM chlorine Solution <b>Mix 4 ml or approximately 1 teaspoon/capful of bleach in one litre of water</b>

**For more information, call Toronto Public Health: (416) 338-FOOD (3663)**

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