

# HEALTH MEASURES APPLICATION GUIDE FOR PARENTS AND EARLY CHILDHOOD INTERVENERS



## FOREWORD

Allowing our young children who attend childcare services to spend their time in an environment that promotes health is a priority for both parents and early childhood interveners.

The application of measures aimed at insuring the health of children attending childcare services, is not easy. Maintaining a positive work family balance for the parents and respecting interveners' responsibilities related to the health of a group of children in a childcare setting may at times be difficult to harmonize.

The "Health Measures Application Guide" is intended for parents and early childhood interveners, in order to facilitate their understanding of the measures to be taken when signs or symptoms appear. Communication between the intervener and the parent with regard to the health of his/her child may be required, leading in certain circumstances to the need of removing the child from the childcare service and/or obtaining a consultation with a medical authority.

As we all have the health of all young children at heart, cooperation by everyone can only have a positive outcome on the well-being of our little ones.

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SITUATION		AT HOME	AT THE CHILDCARE SERVICE		READMISSION PROTOCOL
<p><b>SKIN IRRITATION (RASH):</b></p>	<p>Redness, irritation and/or itchy skin.</p> <p>A rash may be due to different causes: (viral, bacterial or yeast infection, food intolerance or allergic reaction, extreme heat, eczema, or the normal side effect of vaccination, etc.)</p> <p><b><u>Signs and symptoms:</u></b></p> <p>Can vary according to the cause: pimples, spots or marks, rough or irritated skin, hives or small vesicles with or without discharge or itchiness.</p>	<p><b>The child should be kept at home and/or returned home:</b></p> <ul style="list-style-type: none"> <li>If the rash is accompanied by fever</li> </ul> <p>AND/OR</p> <ul style="list-style-type: none"> <li>If the child shows other symptoms: vomiting, lethargy, respiratory difficulties.</li> </ul> <p>AND/OR</p> <ul style="list-style-type: none"> <li>If the child is so affected by the itchiness that his/her general state does not allow him to participate in the regular activities.</li> </ul> <p><b>Suggestion</b> Consult a doctor as necessary, to confirm the diagnosis, ensure appropriate treatment and obtain information about the timing of the readmission to the childcare centre.</p>	<p style="text-align: center;"><b><u>Educator's role</u></b></p> <p>Evaluate the child's behaviour and his capacity and interest to participate in the activities.</p> <p>Note the child's symptoms.</p> <p>Communicate the child's condition to the parents in the daily report.</p> <p>If the eruption is sudden and if it persists, phone the parents to obtain more information.</p> <p>If the child has fever and/or important symptoms, phone the parents to come to pick him up.</p> <p>Following medical diagnosis of a contagious illness, inform the childcare centre management so that the information can be posted at the entrance of the centre, specifying the age group of the child involved and the date of the last case identified.</p>	<p style="text-align: center;"><b><u>Parent's role</u></b></p> <p>Take note of the educator's observations.</p> <p>Communicate to the childcare service staff members all information related to the presence and evolution of the child's symptoms as well as information regarding any medication (cream etc.) administered to the child and/or any other particular situation concerning the child.</p> <p>Confirm availability to pick up the child if his/her general condition deteriorates or alternatively, give the name and phone number of someone who will be available to come and pick up the child if necessary.</p> <p>Inform the childcare centre of the diagnosis and recommendations after the medical consultation, as necessary.</p>	<p><b>The child may return to the childcare service when:</b></p> <p>The symptoms have disappeared or have shown marked improvement.</p> <p><b>OR</b></p> <p>If the child is taking antibiotics prescribed by the doctor, the child can return to the childcare centre, 24 hours after the beginning of the treatment.</p> <p><b>AND</b></p> <p>The child's general condition has improved in such a way that s/he is able to participate in the childcare service activities and s/he is non contagious.</p>

SITUATION		AT HOME	AT THE CHILDCARE SERVICE		READMISSION PROTOCOL
<b>FEVER</b>	Increase in body temperature to a higher level than normal.	<p><b>The child should be kept at home and/ or returned home:</b></p> <p><b><u>Baby under 6 months old</u></b> with a rectal or tympanic temperature of &gt;38.0 °C (axillary of &gt;37.5 °C), consult a doctor without delay.</p> <p><b><u>Child older than 6 months</u></b> with a rectal, oral or tympanic of &gt;39.0 °C (axillary of &gt;38.5 °C)</p> <p><b>OR</b></p> <p><b><u>Child older than 6 months</u></b> with fever accompanied by other symptoms such as a rash, vomiting, diarrhea, drowsiness or an alteration in the child's general state.</p> <p><b>AND/OR</b></p> <p>The child's general state does not allow him/her to participate in the regular activities. (e.g. in spite of a not so high temperature).</p> <p><b>Suggestion</b> Consult a doctor as necessary to confirm the diagnosis, ensure appropriate treatment and obtain information about the timing of readmission to the childcare centre</p>	<p><b><u>Educator's role</u></b></p> <p>Evaluate the child's behaviour and his capacity and interest to participate in the activities.</p> <p>Note the child's symptoms.</p> <p>Take the child's temperature.</p> <p><b>If the child is less than 6 months old and has fever ( rectal or tympanic temperature of &gt;38.0 °C (or axillary of &gt;37.5 °C):</b></p> <p>Contact the parent to ask him to come to pick up the child as soon as possible.</p> <p>Administer the correct dose of acetaminophen with respect to the guidelines provided on the container or box after verifying the expiring date.</p> <p>Ensure that the child is comfortably dressed</p> <p>Offer the child to drink frequently (water, fruit juice, milk)</p> <p><b>For a child older than 6 months with a rectal or oral or tympanic temperature &gt;38.0 °C (or axillary temperature &gt; 37.5 °C):</b></p> <p>Inform the parent by telephone of the child's condition.</p> <p>Administer the correct dose of acetaminophen with respect to the guidelines provided on the container or box after verifying the expiring date.</p>	<p><b><u>Parent's role</u></b></p> <p>Take note of the educator's observations.</p> <p>Communicate to the childcare service staff all information related to the presence or the evolution of the child's symptoms, as well as information regarding any medication (Tylenol, Tempra, Advil, syrup against cough etc.) administered to the child and/or any other particular situation concerning the child's condition.</p> <p>Confirm availability to pick up the child if his general condition deteriorates or alternatively, give the name and phone number of someone who will be available to come and pick up the child if necessary</p> <p>Inform the childcare service of the diagnosis and recommendations after medical consultation as necessary.</p>	<p><b>The child may return to the childcare service when:</b></p> <p>The symptoms have disappeared or have shown marked improvement.</p> <p><b>OR</b></p> <p>If the child is taking antibiotics prescribed by the doctor, the child can return to the childcare service, 24 hours after the beginning of the treatment</p> <p><b>AND</b></p> <p>The child's general condition has improved in such a way that he is able to participate in the childcare service's activities and he is considered as non contagious.</p> <p>A child with a low fever can return to the childcare service after he has consulted a doctor if he feels well enough to follow the activities.</p>
	<p>Fever is a defence mechanism against viral and bacterial infections.</p> <p>Fever may also be due to the side effects of a vaccine or by the teething process.</p> <p><b>Normal variations of temperature</b></p> <p>Rectal 36,6 °C to 38.0 °C</p> <p>Oral 35.5 °C to 37.5 °C</p> <p>Axillary (under the arm) 34.7 °C to 37.3 °C</p> <p>Tympanic (in the ear) 35.8 °C to 38.0 °C</p> <p><b><u>Signs and symptoms:</u></b> High temperature; excessively warm skin; flushed cheeks; sweating; cries; difficult to console; low energy; poor appetite and or alteration of the child's general state.</p>				

**FEVER**

Ensure that the child is comfortably dressed

Offer the child to drink frequently (water, fruit juice, milk)

Encourage quiet activities. It's not necessary to have the child sleep but rest and calm are recommended.

Continue to observe the child and take his temperature again, one hour after the administration of the acetaminophen or earlier if his general condition has deteriorated. If the temperature is still high and/or if the child is unable to follow the childcare service activities, telephone the parent to come to pick up the child.

**If the child has fever accompanied by other symptoms (i.e. rash, vomiting, diarrhea, drowsiness, or an alteration in the child's general state)**

Communicate with the parent by telephone so that he can come to pick up the child as soon as possible.

Administer the correct dose of acetaminophen with respect to the guidelines provided on the container or box after verifying the expiring date.

Ensure that the child is comfortably dressed

Offer the child to drink frequently (water fruit juice, milk).

Following medical diagnosis, inform the childcare centre management so that the information can be posted in the entrance of the centre, specifying the age group of the child involved and the date of the last case identified.

SITUATION		AT HOME	AT THE CHILDCARE SERVICE		READMISSION PROTOCOL
<b>GASTRO-ENTERITIS</b>  <b>(DIARRHEA AND/OR VOMITING)</b>	<b>DIARRHEA</b>  Stools two times more frequent than usual; stools of a different consistency (more liquid, less formed than usual).  Diarrhea is frequent in young children and may be due to a side effect of antibiotic usage, food intolerance, or a viral or bacterial infection. Usually its condition requires a lot of attention.	<p><b>The child should be kept at home and/or returned home:</b></p> <p>If the frequency of stools is abnormally high.</p> <p><b>OR</b></p> <p>If the diarrhea is accompanied by fever</p> <p><b>OR</b></p> <p>If the diarrhea is accompanied by vomiting</p> <p><b>OR</b></p> <p>If there is mucus or blood in the stool</p> <p><b>AND/OR</b></p> <p>If the child is not well enough to participate in the regular activities.</p> <p><b>Suggestion</b></p> <p>Consult a doctor as necessary to confirm the diagnosis, ensure appropriate treatment and obtain information about the timing of readmission to the childcare centre.</p>	<p><b><u>Educator's role</u></b></p> <p>Evaluate the child's behaviour and his capacity and interest to participate in the activities.</p> <p>Note the child's symptoms including amounts the child has drunk and/or vomited, as well as the frequency and consistency of his stools. Pay specific attention to any signs of dehydration (little or no urine, lethargy, sunken eyes, little or no saliva, dry skin)</p> <p><b>In case of a loose stool:</b></p> <ul style="list-style-type: none"> <li>- Continue a normal diet as tolerated to ensure an adequate nutritional intake.</li> <li>- Communicate the child's condition to the parent in the daily report</li> </ul> <p><b>If the diarrhea is twice as frequent as usual and/or is accompanied by other symptoms like fever, vomiting, blood and/or mucus in stools:</b></p> <ul style="list-style-type: none"> <li>- Ask the parents to come to pick up the child.</li> <li>- To avoid dehydration, frequently offer the child small quantities of something to drink. Oral rehydration solutions help to prevent or correct dehydration. They can be offered to the child if they are available at the childcare centre and if the parents have signed the protocol for administration of oral rehydration solutions.</li> <li>-If possible isolate the child with supervision while waiting for the parent.</li> </ul> <p><b>Other prevention measures</b></p> <p>Reinforce hygiene measures: (hand washing of both children and adults) and disinfection (countertops, changing tables, potties, toilets, toys)</p>	<p><b><u>Parent's role</u></b></p> <p>Take note of the educator's observations</p> <p>Communicate to the childcare service staff members all information related to the presence and evolution of the child's symptoms as well as information regarding any medication administered to the child and/or other particular situation concerning the child's condition.</p> <p>Confirm availability to pick up the child if his general condition deteriorates or alternatively, give the name and phone number of someone who will be available to come and pick up the child if necessary.</p> <p>Inform the childcare service of the diagnosis and recommendations after the medical consultation as necessary.</p>	<p><b>The child may return to the childcare service when:</b></p> <p>The symptoms have disappeared or have shown marked improvement.</p> <p><b>OR</b></p> <p>If the child is taking antibiotics prescribed by the doctor, the child can return to the childcare service, 24 hours after the beginning of the treatment.</p> <p><b>AND</b></p> <p>The child's general condition has improved in such a way that he is able to participate in the childcare service's activities and he is considered as non contagious.</p> <p>Note: Sometimes after gastroenteritis, stools may remain liquid for several weeks.</p>
	<p><b><u>Signs and symptoms:</u></b></p> <p>Nausea, vomiting, abdominal pain or cramps, diarrhea and/or fever (high or low).</p> <p>Diarrhea and vomiting can cause dehydration in young children.</p>				

SITUATION		AT HOME	AT THE CHILDCARE SERVICE		READMISSION PROTOCOL
<p><b>GASTRO-ENTERITIS</b></p> <p><b>(DIARRHEA AND/OR VOMITING)</b></p>	<p><b>VOMITING</b></p> <p>Throwing up food</p> <p>Vomiting is frequent in young children and can be due to many causes: infection, disorders of the digestive system, food intolerance or intoxication, a psychological reaction or simply normal infant regurgitation.</p> <p><b><u>Signs and symptoms:</u></b></p> <p>Nausea, vomiting, abdominal pain or cramps, diarrhea and/or fever (high or low)</p>	<p><b>The child should be kept at home and/or returned home:</b></p> <p>If the child has vomited <math>\geq 2</math> times in 24 hours</p> <p><b>OR</b></p> <p>If the child has vomited and has other symptoms (diarrhea, fever, nausea, stomach pain, headaches)</p> <p><b>AND/OR</b></p> <p>If the child's general state does not allow him/her to participate in the regular activities.</p> <p><b>Suggestion</b></p> <p>Consult a doctor as necessary to confirm the diagnosis, ensure appropriate treatment and obtain information about the timing of readmission to the childcare centre.</p>	<p><b>Educator's role</b></p> <p>Evaluate the child's behaviour and his capacity and interest to participate in the activities.</p> <p>Note the child's symptoms including amounts the child has drunk and/or vomited, as well as the frequency and consistence of his stools. Pay specific attention to any signs of dehydration (little or no urine, lethargy, sunken eyes, little or no saliva, dry skin)</p> <p><b>If the child vomits once</b></p> <ul style="list-style-type: none"> <li>-Do not give milk or any solid food for a period of 15 to 30 minutes.</li> <li>-Then continue a normal diet as tolerated.</li> <li>- Communicate the child's condition to the parent in the daily report.</li> </ul> <p><b>If the child has vomited <math>\geq 2</math> times, has other symptoms (diarrhea, fever, nausea, stomach pain, headaches) and/or his general condition does not allow him to participate in the regular activities:</b></p> <ul style="list-style-type: none"> <li>-Ask the parents to come pick up the child</li> <li>- Stop feeding the child</li> <li>- 15-30 minutes later, frequently offer the child small quantities of something to drink. To avoid dehydration, frequently offer the child small quantities of something to drink. Oral rehydration solutions help to prevent or correct dehydration. They can be offered to the child if they are available at the childcare centre and if the parents have signed the protocol for administration of oral rehydration solutions.</li> <li>-If possible isolate the child with supervision while waiting for the parent.</li> </ul> <p><b>- Other prevention measures</b></p> <p>Reinforce hygiene measures: (hand washing children and adults) and disinfection (countertops, changing tables, potties, toilets, toys)</p>	<p><b>Parent's role</b></p> <p>Take note of the educator's observations</p> <p>Communicate to the childcare service staff members all information related to the presence and evolution of the child's symptoms as well as information regarding any medication administered to the child and/or other particular situation concerning the child's condition.</p> <p>Confirm availability to pick up the child if his general condition deteriorates or alternatively, give the name and phone number of someone who will be available to come and pick up the child if necessary.</p> <p>Inform the childcare service of the diagnosis and recommendations after medical consultation as necessary.</p>	<p><b>The child may return to the childcare service when:</b></p> <p>The symptoms have disappeared or have shown marked improvement.</p> <p><b>OR</b></p> <p>If the child is taking antibiotics prescribed by the doctor, the child can return to the childcare service, 24 hours after the beginning of the treatment.</p> <p><b>AND</b></p> <p>The child's general condition has improved in such a way that he is able to participate in the childcare service's activities and he is considered as non contagious.</p>



SITUATION		AT HOME	AT THE CHILDCARE SERVICE		READMISSION PROTOCOL
<b>EYE INFECTION</b>	<b>CONJUNCTIVITIS</b>	<p><b>The child should be kept at home and/or returned home:</b></p> <p>If there is fever and/or if <b>the eye is seriously affected</b> (swelling, severe redness, copious or persistent discharge).</p> <p><b>AND/OR</b></p> <p>If the child's general state does not allow him/her to participate in the activities.</p> <p><b>Suggestion</b> Consult a doctor as necessary to confirm the diagnosis, ensure appropriate treatment and obtain information about the timing of readmission to the childcare centre.</p>	<p><b><u>Educator's role</u></b></p> <p>Evaluate the child's behaviour and his capacity and interest to participate in the activities.</p> <p>Note the child's symptoms.</p> <p>Clean the eye of secretions with a tissue or a cotton ball dipped in cold, previously boiled water. Clean from the inside to the outside of the eye in order to avoid spreading the infection. Use one tissue per eye, per child. Repeat the operation as often as needed.</p> <p>Communicate the general condition of the child, to parents in the daily report book.</p> <p><b>If there is fever and/or important symptoms (swelling, severe redness, copious or persistent discharge),</b> communicate the child's condition to the parents by telephone in order for them to pick the child up.</p> <p><b>Other prevention measures</b> Wash hands before and after treatment and increase hygiene and disinfection measures (toys and changing tables). If there is discharge from the eye, in order to prevent transmission to others, the child should be excluded from swimming activities. Following medical diagnosis, inform the childcare service management, so that the information related to the illness can be posted in the entrance of the centre, specifying the age group of the child involved and the date of the last case identified.</p>	<p><b><u>Parent's role</u></b></p> <p>Take note of the educator's observations.</p> <p>Communicate to the childcare service staff all information related to the presence and evolution of the child's symptoms as well as information regarding any medications (oral, drops or ointment) administered to the child and/or other particular situation concerning the child's condition.</p> <p>Confirm availability to pick up the child if his general condition deteriorates or alternatively, give the name and phone number of someone who will be available to come and pick up the child if necessary.</p> <p>Inform the childcare service of the diagnosis and recommendations after medical consultation as necessary.</p>	<p><b>The child may return to the childcare service when:</b></p> <p>The symptoms have disappeared or have shown marked improvement. (for example, an eye that was very red with copious discharge is now just a little bit irritated).</p> <p><b>OR</b></p> <p>In the case where the child is taking antibiotics prescribed by a doctor, the child may return to the centre, 24 hours after he has taken the first dose.</p> <p><b>AND</b> The child's general condition has improved in such a way that he is able to participate in the childcare service activities.</p>
	<p>An eye infection, often caused by a virus or bacteria.</p> <p><b><u>Signs and symptoms:</u></b></p> <p>Redness, clear yellow discharge, swelling of eyelids, eyelids stuck together with secretions; occurs often in conjunction with a cold. The child may complain of a sensation of sand in the eye.</p>				

SITUATION		AT HOME	AT THE CHILDCARE SERVICE		READMISSION PROTOCOL
<b>THROAT INFECTION</b>	<p>Throat infections are very frequent in young children. A sore throat can be caused by viral or bacterial pharyngitis, or by other causes.</p> <p><b><u>Signs and symptoms: of viral pharyngitis:</u></b></p> <p>Sore throat, nasal discharge. Often presents with symptoms of a mild upper respiratory infection. The sore throat is not usually the child's main complaint.</p> <p><b><u>Signs and symptoms of bacterial pharyngitis :</u></b></p> <p>Fever (often high), sore throat, swollen glands located in the neck (painful to touch), nausea, or vomiting. Possibly accompanied by a rash on the neck, chest, abdomen, and/or thighs.</p>	<p><b>The child should be kept at home and/or returned home:</b></p> <p>If the child is complaining of a sore throat, has fever and/or his/her general state does not allow him to participate in the regular activities.</p> <p><b>Suggestion</b></p> <p>Consult a doctor as necessary to confirm the diagnosis, ensure appropriate treatment and obtain information about the timing of readmission to the childcare centre.</p>	<p><b><u>Educator's role</u></b></p> <p>Evaluate the child's behaviour and his capacity and interest to participate in the activities.</p> <p>Note the child's symptoms.</p> <p>Communicate the child's condition to the parents in the daily report.</p> <p>If the child has fever and/or a severely sore throat, call the parents to come to pick the child up.</p> <p>Following a medical diagnosis, confirming a contagious illness, inform the childcare centre's management, so that the information related to the illness can be posted in the entrance of the centre, specifying the age group of the child involved and the date of the last case identified.</p> <p><b>Other prevention measures</b></p> <p>Reinforce appropriate hygiene (hand washing) and disinfection measures.</p> <p>Teach the child to cough or sneeze into his sleeve to avoid contaminating his/her hands.</p> <p>Teach the child to blow his/her own nose and wash his hands afterwards.</p> <p>Ventilate the room</p>	<p><b><u>Parent's role</u></b></p> <p>Take note of the educator's observations.</p> <p>Communicate to the childcare service staff members all information related to the presence and evolution of the child's symptoms as well as information regarding any medication administered to the child and/or any other particular situation concerning the child.</p> <p>Confirm availability to pick up the child if his general condition deteriorates or alternatively, give the name and phone number of someone who will be available to come and pick up the child if necessary.</p> <p>Inform the childcare service of the diagnosis and recommendations after medical consultation as necessary.</p>	<p><b>The child may return to the childcare service when:</b></p> <p><b>In general if the infection is bacterial:</b> 24 hours after the first antibiotic dose, as long as the child is able to participate in the activities.</p> <p><b>In general if the infection is viral:</b></p> <p>The child can return to the childcare service if his general condition has improved in such a way that s/he is able to participate in the childcare service activities.</p>

SITUATION		AT HOME	AT THE CHILDCARE SERVICE		READMISSION PROTOCOL
<b>PEDICULOSIS (LICE)</b>	<p>Presence of small parasites (lice) living or close to the scalp. Head lice do not transmit diseases.</p> <p>Head lice are minute insects (no bigger than a pinhead) greyish in colour, without wings.</p> <p>Live nits are greyish-white eggs that look like puffy, shiny and translucent dandruff. A flake of dandruff, dust or dirt that is easily removed is not a nit.</p> <p>After a treatment a dead nit is pale white, dry and flat. It is no longer contagious.</p>	<p><b>The child should be kept at home and/or returned home:</b></p> <p>If there's presence of live lice or viable nits until the first treatment has been applied.</p> <p>If the child has live lice and/or viable nits after the second treatment application, he should be kept at home and should consult a health professional who will determine the date the child can return to the childcare service.</p> <p><b>Suggestion</b> Consult a health professional if there is any doubt about the effectiveness of the treatment.</p>	<p><b><u>Educator's role</u></b></p> <p>Note the child's symptoms.</p> <p>If there is presence of live lice and/or viable nits, communicate with the parents by telephone and asks them to come pick up the child.</p> <p>Give the parents written documentation on lice. (Reference: <i>Lice Lice Lice - All there is to know about head lice</i>)</p> <p>Return the child's bedding to the parent.</p> <p>Check the heads of all the children.</p> <p>Follow the recommendations related to the cleaning of objects (e.g. dress up clothes, hairdresser, toys, etc.) written in the brochure.</p> <p>Inform the childcare service management, so that the information can be posted in the entrance of the centre, specifying the age group of the child involved and the date of the last case identified.</p> <p><b>Other prevention measures</b> Teach the children not to share their personal articles (combs, hats, pillow cases)</p> <p>Regularly examine the children's hair (careful attention to the back of the head and behind the ears).</p> <p>Remind the children to place their hats, caps and scarves in their coat sleeves.</p>	<p><b><u>Parent's role</u></b></p> <p>Following the educator's telephone call, come and pick up the child as soon as possible and keep him home until the first treatment application.</p> <p>Examine all other household contacts in order to treat those with head lice (treat only the persons who have lice or live nits).</p> <p>Apply as soon as possible (to the child and all the other cases observed) an effective treatment against head lice while strictly adhering to the guidelines for its use. Remove as many nits as possible with a fine-toothed comb or with your fingers. Nits can be removed from eye brows with tweezers.</p> <p>Refer to the document provided in order to follow the recommendations related to the cleaning of personal belongings.</p> <p>Examine again the child's head, 48 hours after the first treatment application. If live lice or viable nits are still present, repeat the treatment again with another product with a different composition. It is possible that the lice are resistant to the initial product used. In this case, 2 applications of the new product must be applied. The second application of the new product must be applied 7-10 days after the first.</p> <p>Repeat the treatment 7 to 10 days after the treatment even if there are no more signs of active infestation (live lice or viable nits). Inform the childcare service of the second application.</p>	<p><b>The child can return to the childcare service when:</b></p> <p>After the first treatment application (even if the child still has nits).</p> <p>Exclude again or maintain the exclusion if there are signs of active infestation (live lice, viable nits). In such a case, a doctor should determine the timing of readmission to the childcare service.</p>

<p><b>PEDICULOSIS</b></p>	<p><b><u>Signs and symptoms:</u></b></p> <p>Intense itching; presence of nits that stick to the hair shaft close to the scalp; often located behind the ears and the neck</p>		<p>Remind the children to keep their long hair tied back.</p> <p>. Spraying the daycare furniture and other objects with insecticides is not recommended.</p>	<p>Use a regular shampoo (without conditioner) during the 10 days following the treatment (in order not to remove the remaining medication on the hair).</p> <p>Communicate to the childcare service staff members all information related to the presence of lice in the child or any member of his family and inform the centre of the treatments given.</p> <p>Inform the childcare service of the diagnosis and recommendations after medical consultation as necessary.</p>	
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