

Section D.1

Health, Safety and Nutrition

Health, safety and nutrition policies are set to protect children from harm and promote their well-being. Good health, safety and nutrition practices are at the core of quality child care. Many of these policies are determined by the requirements of the *Day Nurseries Act* and local Consolidated Municipal Service Manager (CMSM) and District Social Service Administration Board (DSSAB) regulations. It is the responsibility of supervisors and staff to develop and carry out specific procedures. Member of boards of directors are well advised to be aware of what is required by legislation and what has been put into place.

Policies and practices to protect children are shaped by current evidence from pediatrics, child welfare, public health and nutrition. Regular attention to bulletins and subscriptions to online notifications from municipal public health departments, Health Canada and child welfare organizations can help child care programs stay up-to-date with new developments and adjust practices accordingly. *Healthy Foundations in Child Care* (Pimento & Kernested, 2000) is an excellent reference for setting policies and practices related to health, safety and nutrition. See the Resource Pages for further information.

An increased concern and subsequent focus on public health and safety has resulted in more legislation and

regulatory requirements for child care programs. New legislation under the *Day Nursery Act* includes requirements for an anaphylactic policy and procedure and water testing requirements under the *Safe Drinking Water Act*. Child care programs are being required to develop policies for emergency/disaster preparedness, pandemic preparedness, lockdown, and evacuation practices. Supervisors should inform boards of directors of new evidence, recommendations and regulatory changes, and recommend appropriate changes in the protection practices.

Health, safety and nutrition practices are basic to childrearing. Preferred childrearing practices are grounded in families' personal and cultural values, and a balance needs to be maintained to ensure that requirements are met, children are protected, and the wishes of parents/guardians are respected. Differences can arise in approaches to childrearing, and what are considered to be appropriate health, safety and particularly nutrition practices. With food allergies on the rise and considerably more research citing links between diet and child development, child care programs are setting up comprehensive nutrition policies. Policies related to health, safety and nutrition should be communicated to parents when they enroll their children. (See Section D.2 Program for Children and Families.)

The Section C.2 Human Resource Management, discusses health and safety policies and practices that protect child care centre staff, and contains sample policies that require annual staff sign-off.

D.1.1 Health Practices

The *Day Nurseries Act* regulates immunization and medical record requirements, and contagious diseases procedures. The Act's regulations related to health practices are administered through local medical officers of health and monitored by public health nurses.

The *Day Nurseries Act* requires that child care programs follow the recommendations of the medical officer of health in matters pertaining to health.

Child care centres are required to keep a daily written record that includes a summary of any incidents affecting the health, safety or well-being of the staff or any child enrolled in the centre.

D.1.1.1 Reducing Infections and Disease

Hygienic practices, including hand washing and cleaning equipment and furnishings, is the first line of defense against transmission of communicable disease. These practices must be established as part of daily routines.

The most effective method of preventing the spread of infectious diseases in child care settings is hand washing by children and adults. Frequent hand washing routines should include the following steps:

- Wash hands upon arrival.
- Wash hands before preparing food, feeding a child, or eating.
- Wash hands immediately after toileting and handling any body secretions.
- Post signs in the bathroom, kitchen and diaper change areas reminding staff and children to wash their hands.

Here are eight steps to effective hand washing for adults and children:

1. Use warm, running water.
2. Moisten hands with water and apply liquid soap.
3. Rub hands vigorously for 5-10 seconds.
4. Work soap into a heavy lather, paying attention to areas between the fingers, around nail beds, under fingernails and the backs of hands. (Avoid the use of nail brushes because they can cause small tears in the skin.)
5. Rinse well under running water for 5-10 seconds. Hold hands so that the water runs from wrist to fingertips.
6. Dry hands with a towel. Use a towel to turn off the faucet.
7. Dispose of cloth or paper towel.
8. Use hand lotion if desired to prevent skin cracking that can lead to infection.

Diapering procedures must include thorough hand washing, disinfection of

diaper change area, and sanitary disposal of diapers or the storage of used diapers.

Universal precautions refers to a set of guidelines to help prevent the transmission of diseases that are transmitted through bodily fluids (blood, urine, feces, mucous or vomit). To reduce the spread of germs and to protect adults and children from unnecessary exposure to infections, child care centres must implement universal precaution guidelines.

1. Follow the hand washing, hygiene and diapering procedures identified in this section.
2. Wash immediately with soap and running water for at least 30 seconds after direct contact with bodily fluids.
3. Wear disposable latex gloves when encountering large amounts of blood. Wash hands immediately after removing the gloves.
4. Cover cuts or scratches with a bandage until healed.
5. Use disposable absorbent material like paper towels to stop bleeding.
6. Discard blood-stained material in a sealed plastic bag and place in a lined, covered garbage container.
7. Immediately clean up surfaces stained with bodily fluids and disinfect with a fresh solution of one part bleach and nine parts water.

8. Put laundry stained with bodily fluids in sealed plastic bags. Machine-wash separately in hot, soapy water.
9. Use “fever strips” or a thermometer under the arm to take a child’s temperature.
10. If skin is broken in a biting incident between children, consult the child’s physician.

Sanitary procedures and universal precaution guidelines should be posted in all food preparation, bathroom and diapering areas.

Toys, equipment and furnishings must be maintained and kept clean. Schedules and procedures for regular weekly and monthly cleaning should be posted. A written log of completed cleaning routines should be signed and dated. The recommended schedule for disinfecting is as follows:

- Infant – daily
- Toddler – weekly
- Preschool – biweekly
- School-Age – monthly

D.1.1.2 Administering Medications

Centres are responsible for developing specific procedures for the administration of medications consistent with the requirements of the *Day Nurseries Act*. Prescription drugs may be administered to children with written parental/guardian consent. Non-prescription or over-the-counter medications cannot be administered

unless they are accompanied by instructions from a medical doctor. Children may self-administer prescribed asthma and allergy medications (such as an inhaler for asthma), provided the appropriate written documentation (parental/guardian consent and a prescription from a medical doctor) is on file. Most often this only applies to school-age children.

All medications must be stored in a locked container. Parents/guardians must complete and sign a written medication form that includes the name of the medication, prescription number, expiry date, start and stop dates, potential adverse reactions and any other pertinent details. The staff member designated to administer medications is required to record the time and dosage given on the completed medication form created for this purpose and to initial each entry. It is a good idea to account for all dates throughout the duration of the medication, also indicating days the child is absent or the parent/guardian forgot to bring the medication. This will explain the reason that no medication was administered on a particular day.

It should also be noted that a staff member can refuse to administer medication. Staff members are not covered or obligated under the *Day Nurseries Act* or any other act.

D.1.1.3 Immunization

All children enrolled in a licensed child care setting must be immunized against infectious diseases as recommended by the local medical officer of health. Children can be exempted from this requirement if a parent/guardian objects to the immunization for religious, medical or conscience reasons. Usually immunization requirements include diphtheria, tetanus, polio, mumps and rubella.

D.1.1.4 Sick Children

Children get sick, and even strict adherence to hygienic practices and the universal precautions guidelines will not eliminate the spread of germs (particularly air-borne infections) among children and adults in group settings. Children who are ill cannot attend child care programs if their own well-being or the well-being of other children is in jeopardy.

Families need to make alternative care arrangements and seek medical attention for the following conditions:

- Unexplained or undiagnosed pain
- Acute cold with fever, runny nose and eyes, coughing and sore throat
- Difficulty with breathing
- Fever over 38 degrees centigrade accompanied by general symptoms such as listlessness

- Sore throat and difficulty swallowing
- Undiagnosed skin or eye rash
- Headache and stiff neck
- Unexplained diarrhea or loose stool, combined with vomiting and abdominal cramps
- Severe itching of body and scalp
- Known or suspected communicable diseases

Children who have some symptoms of illness may continue to attend the child care program. Such circumstances include:

- minor upper respiratory infections with no fever;
- taking antibiotics with no fever or other symptoms of illness; and
- chronic symptoms such as a low-grade fever or cough that have been diagnosed as non-infectious.

When a child is diagnosed with a **communicable disease** (e.g., chicken pox), the child care program will advise the local public health unit and the families of other children in the program. An up-to-date list of reportable diseases can be obtained from the local public health department.

Child care centres should make information from local public health authorities on the incubation and isolation periods of various communicable diseases available to parents. The Canadian Pediatric

Society has prepared *Well Beings*, a health guide for child care programs. The publication includes fact sheets describing the symptoms and treatment of communicable diseases. The fact sheets can be reproduced and made available to parents. Further information is available in the Resource Pages.

A child who has recovered from a contagious disease, such as chicken pox or impetigo, should be examined by a medical doctor before returning to the centre.

Biting incidents are considered serious and should be looked at individually. Policies and procedures for dealing with biting should take a proactive approach to eliminating the incidents of biting, and providing a safe, caring environment for the children. Establishing a running log of biting occurrences, including such information as who, what, when, and how for each child who has bitten more than once, will give staff and parents a better understanding of what triggers this behaviour for a particular child. It is important to remember to adhere to confidentiality. All incidents should be dealt with anonymously.

If the bite resulted in blood being drawn, staff must inform the Public Health Department. The Public Health Department may then contact the

parents at home to discuss health information directly related to the bite received.

D.1.1.5 Special Health Care Needs

Children may have special health care needs ranging from precautions and monitoring for allergies, to administration of medication or the use of special medical equipment such as a catheter.

At the time of enrollment, parents/guardians should be asked for information about their children's allergies:

- Name of allergen(s) and specific symptoms, in particular if the child is anaphylactic
- Steps to take to prevent exposure to the allergen(s)
- Actions to be taken when a child has symptoms
- Procedures for dealing with anaphylaxis
- What medication the physician has prescribed

A medical form that is completed by the child's physician should outline the management of the allergies, what program staff should be aware of, and how to handle emergency situations. If a child is prescribed an adrenalin kit to be used in case of allergic reactions, the kit must be kept in the same general area as the child.

D.1.1.6 Anaphylaxis Regulations

Anaphylaxis is a severe and life-threatening allergic reaction caused by exposure to a trigger (allergen). Anaphylaxis is a growing medical phenomenon within the child care community. Children and staff alike face many challenges every day in coping with anaphylaxis. The board of directors, management and staff must be aware of all policies and procedures for responding to an anaphylactic emergency. Child care programs must have a policy in accordance with the *Day Nurseries Act* regulation. The procedures and guidelines for the implementation of this policy must include the following:

- Strategies that reduce the risk of exposure to anaphylactic causative agents;
- A communication plan for the dissemination of information on life-threatening allergies to parents, children and staff;
- Development of an individual plan for each child who has an anaphylactic allergy;
- A photo of the child with the name of the allergen(s); the location of the adrenalin kit (often referred to as an epi-pen); and emergency procedures posted in all rooms that the child may attend;
- A training plan from the child's parent or guardian and/or the child's physician on procedures for

life-threatening allergies for all staff and others who are in direct contact with children on a regular basis, at the start of their employment/volunteerism and at least annually afterwards;

- A requirement that the supervisor ensure, upon registration, that parents/guardians shall be asked to supply information on life-threatening allergies;
- A requirement that there be a file for each anaphylactic child of current treatment and other information, including a copy of the Anaphylaxis Emergency Plan Form with any prescriptions and instructions from the child's physician, and a current emergency contact list
- A requirement that every staff review and sign-off on the anaphylaxis policy and procedures upon hire and annually thereafter

D.1.1.7 HIV/AIDS and Hepatitis B and C

HIV/AIDS and hepatitis B and C are serious, chronic diseases that are spread through contact with bodily fluids. Universal precautions enable a child care centre to protect children and adults from transmission of these diseases.

D.1.1.8 Pandemic Influenza Planning

A pandemic is a global disease outbreak. A flu pandemic occurs when

a new influenza virus emerges to which people have little or no immunity and for which there may be no vaccine. The disease spreads easily person-to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The Canadian Centre for Occupational Health and Safety has made available a pandemic influenza planning checklist from the U.S. Department of Health and Human Services designed to help child care programs prepare for the effects of a flu pandemic. More information can be found in the Resource Pages.

D.1.2 Suspected Child Abuse Reporting (Duty to Report)

Ontario's *Child and Family Services Act* promotes the best interests, protection and well-being of children, including children who are or who may be victims of child abuse or neglect. The Act

states clearly that all members of the public, including those who work with children, have a **duty to report** promptly to a local Children's Aid Society if they suspect that a child is or may be in need of protection.

Anyone, including individuals working with young children in a child care setting, who suspects that a child has been emotionally, physically or sexually abused, neglected or at risk of harm, is required to report their concerns to the local Children's Aid Society. This procedure must include the "first duty" reporting obligation: the professional who first observes and/or suspects abuse must do the reporting directly to the local Children's Aid Society. Each centre must establish a reporting procedure that outlines this and it must be reviewed annually with all staff members.

D.1.3 Serious Occurrence and Enhanced Serious Occurrence Reporting

If an injury or any other incident is serious, a verbal report must be made with **24 hours** and a written Serious Occurrence Form must be submitted within seven days to the local reporting agency under the provincial legislation. If an incident is determined by the child care centre to be significant (expected to result in public or media attention), it

is then considered an enhanced serious occurrence. The incident must be reported directly to the Ministry of Children and Youth Services alert system within **one hour** of the centre becoming aware of the incident.

The following incidents are considered to be reportable serious occurrences:

- Any death of a client which occurs while participating in a service.
- Any serious injury to a client which occurs while participating in a service that includes:
 - any injury caused by the service provider;
 - a serious accidental injury received while in attendance at a service provider setting, and/or in receiving service from the service provider;
 - an injury to a client which is non-accidental, including self-inflicted or unexplained, and which requires treatment by a medical practitioner, including a nurse or a dentist.
- Any alleged abuse or mistreatment of a client which occurs while participating in a service. This includes all allegations of abuse or mistreatment of clients against staff, foster parents, volunteers, and temporary care providers.
- Any situation where a client is missing, in accordance with ministry requirements for applicable program sectors; otherwise, where the service provider considers the matter to be serious.
- Any disaster (such as a fire) on the premises where a service is provided.
- Any complaint concerning the operational, physical or safety

standards of the service that is considered by the service provider to be of a serious nature.

- Any complaint made by or about a client, or any other serious occurrence concerning a client, that is considered by the service provider to be of a serious nature.

A completed annual summary and analysis of all serious occurrences is to be submitted to the Ministry of Children and Youth Services.

D.1.4 Safety Practices

Child care programs should provide a safe environment for children and make plans for emergency situations that may arise. These policies and procedures should be clearly outlined for parents/guardians when they enroll their child. These practices should be adhered to, and reviewed and signed-off on annually.

In keeping with overall safety practices, supervisors should subscribe to the various online notification systems for health advisories, toy and food recalls, and smog and weather alerts. A list can be found in the Resource Pages.

D.1.4.1 First Aid

Each centre must have first aid supplies readily available to staff members. First aid items should be kept in a labeled, clean, covered container that is out of the reach of children. Reusable ice

packs should be kept in the freezer. A separate first aid kit should be kept in a portable container for field trips. Each first aid kit must be replenished in accordance with a prescribed list as per public health recommendations.

Early childhood education staff members are required to have up-to-date, recognized first aid and cardiopulmonary resuscitation (CPR) certification and should be trained in basic first aid and emergency procedures.

D.1.4.2 Fire Safety

A child care centre must have a fire safety plan that has been approved by local fire department authorities. Fire drills are held once a month so staff and children will be familiar with the procedure. Records are kept on file for each drill.

D.1.4.3 Emergency Evacuation Plans

Each child care centre must arrange an alternative site in case of an emergency that requires evacuation to another premises. A written confirmation and access protocol from the alternative site must be obtained, kept on file and updated annually.

D.1.4.4 Lockdown Situations

Another emergency situation that may arise is one in which there is a danger

that prevents the safe evacuation of the child care centre. A lockdown requires steps to isolate children and staff from the danger by requiring everyone to remain in the building. A policy and procedures should be established for various levels of threats and emergency situations, and practice drills should be held twice per year.

D.1.4.5 Accidental Injury

If a child or staff member is injured, appropriate medical attention and care is the first priority. An accident form should be filled out and filed at the centre.

Accidents and injuries that occur on the playground are recorded in a separate log—the playground injury log. Any accident or injury requiring medical attention is considered a serious occurrence by the Ministry of Children and Youth Services, and must be reported within 24 hours.

D.1.4.6 Playground Safety

The outdoor environment of a child care program provides an important setting for learning physical skills, social competence, emotional well-being and problem-solving abilities. This environment should be an integral part of the program's daily routines and activities. In order to protect children and prevent injuries, child care centres

must attend to safety issues in outdoor environments. The most serious injuries in child care programs occur on the playground.

Effective 1998, the Standards Council of Canada approved *A Guideline for Children's Playspaces and Equipment* (developed by the Canadian Standards Association (CSA) as a National Standard of Canada. The standard now applies to any public outdoor play area, including regulated child care centres. The regional office of the former Ministry of Community and Social Services, in partnership with community members of the Districts of Algoma and Sudbury/Manitoulin, prepared a comprehensive guide, *Outdoor Playground Policy*, for licensed child care programs.

The requirements of the standard include:

- **Playground Equipment**—The CSA standard equipment configurations apply to new or newly renovated playgrounds. Damaged or worn playground equipment in existing playgrounds is to be repaired or replaced to meet the standard.
- **Surfacing**—All surfaces must be shock absorbing.
- **Maintenance and Inspections**—Child care programs are required to ensure that outdoor environments are inspected daily to check for, and

attend to, hazardous debris or litter, damage caused by vandalism, and strings or ropes of any kind. A detailed inspection should be carried out each month. A seasonal maintenance inspection is done to assess the outdoor environment in preparation for summer or winter use. The results and actions taken during the monthly and seasonal maintenance inspections are recorded in the centre's records. The annual comprehensive inspection and written report provide child care programs with information to form a detailed action plan related to the replacement of older equipment, identifying areas of concern, establishing timelines for upgrades and replacements, and including financial estimates.

(To find out more about the standard, consult the Resource Pages.)

In May 2005, The Hospital for Sick Children released new research in the *Canadian Medical Journal* showing that playground injuries among children were significantly reduced after the Toronto District School Board removed potentially harmful equipment from school playgrounds in 2000 and replaced it with safer equipment. The *Day Nurseries Act* recognizes the CSA standard as an indicator of whether a playground is a safe environment for

children. Child care programs are required to submit plans to the Ministry of Children and Youth Services for approval prior to construction or renovations. All new equipment and surfaces in the playground must meet the requirements of the CSA standard. Compliance with the CSA standard is verified in writing by an independent certified inspector. The *Day Nurseries Act* requires that:

- Child care programs develop a detailed playground safety log that records repairs, an injury log (kept separate from other accidental reports), written daily inspection checklists, and written monthly, seasonal and annual inspection reports;
- The comprehensive annual inspection report be reviewed by the provincial child care program advisor; and
- Child care programs develop a playground safety policy that indicates staff roles and responsibilities regarding safety on outdoor playgrounds and the requirement to have written plans for activities and maintain ratios at all times.

A playground safety policy contains the following:

- Playground supervision statement
- Statement that all new equipment or renovations will meet the CSA standard

- Statement that the playground safety log has been developed
- Indication of designated person or position responsible for: logging daily, monthly, seasonal, and annual inspections and related action plans; doing or monitoring repairs and maintenance; and doing injury log
- Requirement that outdoor staff schedule and outdoor program plan be posted
- Statement that all staff review the playground safety policy prior to commencing employment and then on an annual basis

D.1.5 Nutrition

The food served in child care programs should be nutritious, in sufficient quantity, and taste good. The *Day Nurseries Act* requires child care programs to provide regular meals and snacks. The program may prepare the food or it can be catered. The Act stipulates that the food served in the child care program must supply children with all or a significant proportion of their daily food requirements. Many child care centres are developing more comprehensive nutrition programs that include the elimination of trans-fats and refined sugars while introducing a range of whole foods that natural alternatives.

D.1.5.1 Meal Planning

The regulations of the Day Nurseries Act requirements include:

- Babies under one year to be fed according to instructions from the parents.
- All children over one year to have a full meal, a lunch and snacks. School-age children may bring lunches from home.
- Weekly menus to be posted a minimum of two weeks at a time.

Child care programs schedule meal and snack times to meet licensing requirements. The menu should respond to children's food preferences and family cultural backgrounds.

D.1.5.2 Special Diets/Allergies

Food allergies and special diets must be posted in the kitchen and in all food serving areas. If the children's photographs are added to the list, the risk of exposure to allergens will be reduced, particularly when volunteers, students and substitute staff participate in the program. Allergy information should be included on the children's emergency cards and in the first aid kit used in the playground and on field trips. See Anaphylaxis Regulations for more information regarding allergies.

D.1.5.3 Food Safety

It is important that food is safely stored, handled, prepared and served. Some jurisdictions now require that all persons in child care programs involved in the preparation of food for the children must obtain a valid Food Handlers Certificate. Young children are actually more vulnerable to food-borne illnesses that can be transmitted by improper food handling and preparation.

Bacteria cause most food-borne illnesses, some of which can be very serious and even life-threatening (e.g., botulism, listeriosis). Other food-borne illnesses cause milder problems, including abdominal pain, diarrhea, and nausea.

- Honey is a risk factor for infant botulism and should be avoided for babies under 12 months.
- Raw eggs or any foods containing them (risk of salmonella) should not be used.
- Ground beef should be well cooked.
- High protein foods (i.e., meats, fish and eggs), custards and cream fillings, mayonnaise and sauces are at a higher risk for food-borne illness and should be handled with care.

Food safety is increased by three practices:

- Hygienic practices discussed earlier, particularly hand-washing

- Clean equipment, and clean cooking and food-serving surfaces
- Proper handling and food preparation

D.1.5.4 Safe Drinking Water Act

Under the *Safe Drinking Water Act* (Ministry of the Environment), and in compliance with Ministry of Children and Youth Services regulations, any child care centre operating in a building that was constructed prior to 1990, must flush the plumbing for at least five minutes each day before children enter the program. A record must be kept of the date, time and signature of the person conducting the flush and records must be kept for six years.

These water safety measures were implemented to expand water safety protections and reduce potential levels of lead intake especially for pregnant women and children six years of age and under.

All child care centres built before 1990 are required to have their water tested between May 1 and October 31 annually by a licensed laboratory, which will submit the water results of the analysis to the Ministry of the Environment.

D.1.5.5 Breast-Feeding and Bottles

Breast milk is best suited to the nutritional needs of infants. Breast-fed infants are

less likely to develop allergies, and breast milk contains antibodies that provide infants with immunity against some infections while they are breast-fed.

Mothers who continue to breast-feed their infants who are enrolled in child care centres need support from child care staff. Some mothers will express milk at home and bring in bottles of expressed breast milk. They may want to breast-feed their babies at the beginning and end of the day at the centre. Other mothers whose workplace is close to the centre may come to the centre during the day to nurse their infant. Many mothers will choose to continue to nurse at home and provide formula for their infants during the day at the centre. The Canadian Child Care Federation has a fact sheet on breast-feeding in child care settings that suggests how to support breast-feeding mothers. See the Resource Pages for more information.

Babies who are bottle fed—with breast milk or formula—should be held and cuddled. Bottle propping is not acceptable.

D.1.6 Air Quality

Protecting children's health also includes taking steps to monitor and control the environmental factors that

surround them. Perfumes, toxins and other pollutants can often contaminate the air they breathe. In certain circumstances it may even be necessary to have an air quality test conducted.

D.1.6.1 Smoke-Free Environment

Smoking is prohibited under the *Day Nurseries Act* and child care centres must comply with the *Smoke Free Ontario Act* under the *Tobacco Control Act*. A centre must:

- Ensure and verify that everyone is aware that smoking is prohibited.
- Remove ashtrays and any object that serves as one.
- Ensure that no one smokes on the premises.
- Ensure that a person who does not comply does not remain on the premises.
- Post *No Smoking* signs at all entrances, exits, washrooms, and other appropriate locations.

D.1.6.2 Smog, Heat and UV

While the importance of physical outdoor activity is widely recognized, child care centres should be mindful of harmful effects of air pollutants and UV rays. Children are more vulnerable than adults to air pollutants because they breathe faster and tend to breathe through their noses, thus bypassing the nasal filters. Children with asthma or

heart and lung problems are even more at risk because of their sensitivity to fine particulate matter and ground level ozone.

Protecting children should include a number of considerations; for example, the use of sunscreen and hats when UV levels are high, and ensuring children have access to clean drinking water when outdoors in the heat.

An air quality index can be accessed online for any area across the province at www.airqualityontario.ca, and charts may be available through local public health departments. Developing guidelines for staff to check and assess environmental and weather conditions will assist them in safeguarding the children and monitoring activity levels accordingly.