

Centre de la petite enfance de McGill
McGill Child Care Centre

Health Policy & Procedure

Approved by the Board of Directors: 2012
Last Updated: 2021

Introduction

The spirit of CPE McGill encompasses many things; love, compassion, community and, above all, a continuing commitment to quality care. This policy will help us all to maintain high standards of health at McGill Child Care Centre (CPE McGill). Part of our commitment is to help our families lead healthier, happier and more productive lives. This protocol is not designed to prevent childhood diseases, but to make informed decisions.

The purpose of this Health Policy is to give parents and educators information about the most common illnesses affecting young children so that well-informed decisions can be made by parents about when to keep their children at home, and so that well-informed decisions can be made by educators about when to call a parent to pick up a child from the child care.

All ill children and educators should be at home not only to recuperate but also as a community responsibility to the others in the group.

It is the parents' responsibility to prepare themselves and their child in advance for home care when the child is sick, either by arranging flexible days off for themselves or by acquainting their child with babysitters who are available on call.

It is the child care centre's responsibility to have a list of on-call substitutes who can replace an ill educator.

We understand and empathize with the inconvenience with keeping a sick child at home; however a child care center has the responsibility to ensure that health standards and the comfort of all children and educators are taken most seriously. *If all parents keep sick children at home, everybody's children and educators will stay healthier. In the end this will mean fewer illnesses for parents too.*

In preparing this policy, the following factors were taken into consideration:

- Child's comfort and needs
- Educator's comfort
- Consistent attendance of educators, ensuring security of children
- Avoidance of contagion

IMPORTANT

This health policy is to be used as an information booklet and a directive for guidelines.

It should not replace a visit to your family doctor or his/her diagnosis and treatment.

Daily Health and Hygiene Routines

The following health and hygiene routines are promoted by the staff of the McGill Child Care Centre on a daily basis, as part of their activities.

Parents are encouraged to assist their children to wash their hands on arrival at the centre *each morning*. This will help decrease the spread of germs from home to daycare. Long-term studies recognize that frequent hand washing has decreased the spread of common illnesses. Also, if your child has eaten peanut butter at home, please take extra care to wash their hands and face.

Frequent hand washing before and after eating, toileting, nose blowing, messy activities (art, sand, water and outdoor play).

Regular washing, disinfecting and rinsing of tables, chairs, toys and play equipment, floors, kitchen, bathrooms, linens, blankets, pillows and carpets.

Careful preparation of snacks as well as washing of utensils surfaces, cups, bowls, dishes and cutlery after use.

The teachers wear surgical gloves when changing diapers, then dispose of them immediately and wash their hands.

The teachers wash and disinfect the diaper changing table after each use.

The teachers wash their hands after administering first aid to the children.

Reminder to parents to assist their children in washing their hands on arrival at home.

General Health Policies

Administering Medication

he centre's ability to treat sick children is restricted by the following policy: No medication may be given to a child attending a childcare centre without written authorization from the person having parental authority, the child's de jure guardian or the person appointed de facto guardian by one of the former **and** an authorization from a health professional authorized by the Act to prescribe medication. (Regulation respecting educational childcare services, Department of the Family, section 2, section 118)

Employees of CPE McGill are only allowed to give children prescribed medication with the information written down by the pharmacist on the label identifying the medication, the child's name and the amount to be given.

A container of medication must indicate the name of the child, the name of the medication, the expiry date, the dosage and duration of treatment and be kept in a locked box. (Règlement sur les services de garde éducatifs à l'enfance, Ministère de la famille division 2, articles 117, 121.4)

Note that a child's prescribe Epipen (for severe allergic reactions) **MUST NOT BE LOCKED** so that it can be easily accessed.

Due to privacy and safety considerations, all medications should be handed to your child's educator to be placed in a locked medicine box.

Contagious Diseases

If a child attending McGill Child Care Centre is exposed to a contagious disease outside of the centre, it is the parent's responsibility to inform the child care director of the disease and the date of exposure. The MCCC will then inform the total child care population, in writing, of the disease and which group or groups are affected.

A child who contracts any contagious diseases should be kept at home.

This Health Protocol lists each disease and the number of days a child must stay home.

Untreated illnesses can lead to more serious complication, therefore, always consult with your family doctor for ideal course of treatment.

HIV Policy

The admission policy of the centre is non-discriminatory. Children with HIV may be admitted and in such cases will be integrated in a manner identical to other children. The staff has undertaken the appropriate training related to HIV transmission and prevention, and universal precautions are operational at all times. Parents of children with HIV are encouraged but not required to communicate the HIV status of the child to the Centre Director. In no case will the identity and health information of children with HIV be disclosed without the written consent of the family involved.

Chickenpox

SYMPTOMS

- Fever
- Itchy Rash
- Blisters

Rash starts with red spots that soon turn into fluid-filled blisters. New blisters may form during the following days, and after a few days crusts form over the blisters

What you should know

The chicken pox virus spreads very easily through the air or through direct contact with the fluid in a chicken pox blister. Chickenpox is infectious until the last blister has crusted over or five days after the rash first appears whichever is shorter.

Note: We are unable to apply sunscreen over open lesions.

Child and Group Needs

Watch your child for signs of chickenpox during the next 2 to 3 weeks if another child has it.

Adults and pregnant women can develop severe chickenpox. Pregnant women who are not protected should consult their doctor if they may come in contact with someone with chickenpox.

MCCC Policy

If illness is mild and the child with chickenpox is able to participate in activities, there may not be a need to keep a child at home, keeping in mind child and group needs.

Chickenpox virus is most contagious before the rash appears so keeping a child home after the rash does not prevent the spread of the disease. A child who has been exposed to chickenpox can attend the centre as chickenpox is not considered a dangerous disease.

Colds and Upper Respiratory Infections

SYMPTOMS

- Runny nose (may be clear, green or yellow discharge)
- Sore throat
- Bad mood and crying
- Sneezing
- Fever
- Watery eyes
- Wheezing
- Coughing

What you should know

Caused by: Virus (most of the time)

Sometimes by:

Bacteria (pneumonia, ear infection, tonsillitis, bronchitis)

Allergies

Asthma (sometimes causes runny or stuffy nose, mainly during spring and summer)

Second hand smoke (research shows this can trigger respiratory problems)

The average child has about 7 to 10 colds a year.

The most common way for colds to be passed is from coughing, sneezing, and from hand contact. It is important that the child with the cold as well as persons providing childcare wash hands frequently, especially after nose blowing.

Child and Group Needs

Keep air humid

Provide extra fluids, preferably water over milk

Extra love and tenderness

Additional individual care

While attending to those needs educators have to:

Teach a child to blow nose using a tissue and throw tissue in the waste basket.

Wash hands more often

Wash toys more frequently

Watch for fever

Maintain activities for the group

Teach the child to cough into the bend of their arm

MCCC Policy

1. A child should be kept at home if child and groups needs can't be met.
2. During the day, parents will be called if:
 - Child has a fever
 - If the above needs cannot be met at the child care centre

Cough

SYMPTOMS

- Coughing

What you should know

Caused by:

Virus: (most of the time accompanied by cold symptoms; can last for weeks following a cold)
Bacteria: (pneumonia, bronchitis)
Irritation: (foreign body or cigarette smoke)
Allergies
Asthma

A cough helps the child to eliminate secretions, therefore avoid giving cough medicine. *Consult your doctor for appropriate medication.*

Watch for difficulties in breathing and notify doctor about:

Short and rapid breathing

Wheezing

Barking cough

Croup is a viral infection that can cause a cough that sounds like a bark, a hoarse voice, a sore throat, fever, rapid or difficult breathing, new and increased amounts of drooling, refusal to swallow or discomfort when lying down.

Child and Group Needs

Raise head of bed when sleeping (for infants, place pillow under mattress)

Keep air humid

Drink extra fluids

More rest

MCCC Policy

1. A child should be kept at home if child and group needs cannot be met. If cough is accompanied by a cold and/or fever, see policies for these conditions.
2. Parents will be called if:
 - The child has a fever.
 - The above needs cannot be met at the child care centre.

Diarrhea

SYMPTOMS

- Stool is loose or watery and more frequent
- May be accompanied by fever, vomiting, loss of appetite, abdominal pain and mucus in stool

What you should know

Diarrhea can be caused by:

- Virus and/or bacteria (gastroenteritis)
- Parasites
- Allergy or sensitivity to food
- Inflammation of bowel (Crohn's and ulcerative colitis)
- Reaction to medication (antibiotics)

The colour of the stool is not significant unless you notice blood (red or black).

Viral gastroenteritis is extremely contagious. The germs are in the stool and are spread by hands to objects.

The main problem with diarrhea is dehydration.

Signs of dehydration are:

- Less diaper wetting
- Darker urine
- Crying without tears
- Dry mouth and tongue

Child and Group Needs

Provide extra fluids, preferably water
Frequent changes of diapers

While attending to these needs the educators have to:

Wash hands more frequently
Wash toys and surfaces more frequently
Watch for fever
Maintain activities for the group

MCCC Policy

1. A child should be kept at home if he/she has diarrhea. A child can return to the centre when he/she has normal stool or no diarrhea for 24 hours.
2. Parents will be called to pick up their child if he/she vomits while at the centre.
3. Diarrhea caused by antibiotic/food allergy is not a reason to keep child at home, if the reaction isn't severe and the child feels well.

Eye Irritation – Pink Eye Conjunctivitis

SYMPTOMS

- Redness of one or both eyes
- Crusty eyelids that sometimes stick together
- Sensation of sandpaper in the eyes
- Itchiness
- Tearing
- Yellow or greenish discharge/pus from the eye

What you should know

Caused by:

- Allergies
- Virus
- Bacteria
- Irritants (chemicals, smoke)
- Foreign body

When eye irritation is due to a virus it is often associated with a cold and a fever.

Bacterial conjunctivitis needs to be treated with antibiotics. A viral eye infection may have less puss; antibiotics are not effective.

Viral and bacterial conjunctivitis are both very contagious. Therefore, frequent hand washing is necessary.

If there is any heavy discharge, the child should be seen by a doctor.

Child Group Needs

Apply warm compresses to the eyes

Clean eyes with sterilized water and cotton balls as often as necessary

While attending to these needs, the educators have to:

Wash hands well after bathing child's eyes

Maintain activities for the group

MCCC Policy

1. A child with bacterial conjunctivitis can return to the centre 24 hours after antibiotic treatment begins.
2. If an eye is red and there is colored discharge, or if an eyelid is encrusted and stuck closed when the child wakes up, he/she should be kept at home until these symptoms end or a doctor approves his/her return to the centre.
3. If a child has clear runny eyes and there are 3 or more confirmed cases of conjunctivitis in the daycare, he/she should be seen by a doctor.

Fever

SYMPTOMS

- Abnormal elevation of body temperature

What you should know

Fever is:

A defense mechanism

An alarm signal possibly indicating an infection

Normal temperature

Underarm <37.0C/98.6F

Mouth <37.0C/98.6F

Rectal <37.5C/99.1F

Fever temperature

Under arm <38.0C/100.4F

Mouth <38.0C/100.4F

Rectal <38.5C/101.3F

These are averages. Your child's "normal" temperature may be slightly lower or higher and is best determined by your past experience with your child.

A child who has been crying vigorously or running around, or is overdressed, may have a higher body temperature. This is not the same as a fever. Take their temperature again after they have been calm for a few minutes.

Fever is the body's response to an infection since some viruses and bacteria do not tolerate heat. White blood cells which fight off infection increase when the temperature is high. Giving medication just to decrease fever is not necessary since it diminishes the body's natural defense against infection.

However, if the child or someone in the family has a history of febrile convulsions, or the child is uncomfortable, fever should be treated with acetaminophen (Tylenol/Tempra) or ibuprofen (Advil/Motrin). NEVER GIVE ASA (ASPIRIN) TO CHILDREN.

Child and Group Needs

Drink extra fluids

More rest

Uncover child

Give tepid bath

Watch for elevation of temperature

MCCC Policy

1. A child with fever cannot have his/her needs met at the centre. He/she can return to the centre when his/her temperature has been normal for 24 hours.
2. During the day, parents will be notified if the child has a fever. Please be prepared to pick up your child if necessary.
4. If the parents have signed the necessary consent form, educators may administer acetaminophen when a child has a history of convulsions or the fever is very high.

Lice

SYMPTOMS

- Itchy head (sometimes)
- White, pear-shaped particles stuck to hair

What you should know

Lice are tiny parasitic insects that live on the scalp.

They are spread by head-to-head contact. Lice cannot fly or jump. They lay eggs called nits that are pear-shaped particles attached to the hair shaft, particularly in warm areas (nape of the neck and behind the ears).

Having lice is no more serious than the common cold and is not caused by a lack of cleanliness.

Lice can live for 24 hours on hats, clothes, and linen. Clothes, linen, brushes and combs can be washed in very hot water or put in a dryer after lice has been identified, although risk of infestation through contact with personal belongings is minimal.

Vacuum to get rid of lice in the environment, particularly in bedrooms.

Shampoos with insecticide are available through your pharmacist; however resistance to insecticides is becoming a problem. Non-insecticidal treatments now exist.

MCCC Policy

Treat lice with shampoo recommended by pharmacist. The treatment needs to be repeated after 1 week.

Comb through the child's head and remove nits each day until nits can no longer be found.

Once the child has had a treatment he/she need not be excluded from the centre. However, parents need to advise the centre of treatment.

Pinworms

SYMPTOMS

- Itchy skin around anus
- Restlessness
- White filament in the stool

What you should know

Pinworms are tiny, white, thread like worms that live in the intestines. They crawl out of the anus at night and lay their eggs on the nearby skin. They cause itching, which can be vaginal in girls.

Children scratch and the eggs get stuck on the fingers or under the fingernails. Eggs can survive for several weeks outside the body.

If you suspect pinworms, you can use scotch tape applied across the buttocks during the night. When the worms come out to lay their eggs, they will get stuck to the tape.

Pinworms are contagious.

Wash hands well after toileting.

The whole family may need treatment.

Child and Group Needs

If there are several cases of pinworms, all children and child care staff in contact with infected cases will need to be tested.

Reinforce hygiene procedures:

Wash linen

Wash floors

Disinfect toys

Wash hands more frequently

MCCC Policy

1. Treat pinworms with prescribed medication.
2. The child can return to the child care centre 12 hours after treatment begins.
3. Parents need to advise child care of treatment.

Rash

SYMPTOMS

- Skin eruption
- Sometimes crusty lesion
- Sometimes severe itching

What you should know

Caused by:

Irritation
Allergy
Mites (scabies)
Infection

Virus

- a) Measles
- b) Chicken pox
- c) German measles/Rubella
- d) Roseola
- e) Fifth disease
- f) Hand, foot and mouth syndrome

Many viruses can cause non-specific rashes in preschool children.

Bacteria

- a) Impetigo
- b) Scarlet fever

In many contagious diseases, a child has a fever for a few days before rash appears.

Rashes should be identified by a physician in order to:

Treat the child accordingly
Protect other children and staff

Pregnant women should consult their doctor if they come in contact with someone with a contagious disease for which they are not protected.

Child and Group Needs

It is important to consult a doctor in order to identify the type of rash and treat accordingly.

MCCC Policy

1. Child can return to the centre:

Scabies: 24 hours after treatment has started.

Measles: 5 days after rash appears.

Chickenpox: see policy for this condition elsewhere in this document.

German Measles/Rubella: 5 days after rash appears.

Roseola: after the rash disappears.

Fifth disease: If the illness is mild and the child is able to participate in activities, there may not be a need to keep the child at home.

Fifth disease is caused by a virus, for which there is no treatment. It is usually not contagious once the rash appears. The rash can be reactivated by sunlight, heat, exercise, and stress. In households where a child has fifth disease, another family member has a 50% chance of infection. In a classroom, classmates have a 60% chance of infection. Although serious problems arise in less than 5% of cases, there is a risk to the unborn child of anemia caused by fifth disease. **Parents are asked to advise the centre of fifth disease as information for any parent or staff member who may be pregnant.**

Hand, foot and mouth syndrome: If the illness is mild and the child is able to participate in activities, there may not be a need to keep child at home.

There is no treatment for hand, foot and mouth syndrome. This infection can occur at any age, but is most likely to affect young children. It usually occurs in summer or fall, and is not a severe illness. Symptoms include a skin rash (red spots often topped by small blisters, usually on the hands [palms] feet [soles], mouth and buttocks), fever, headache, sore throat, loss of appetite and lack of energy. The virus is not the same as that which causes foot and mouth disease in animals.

Impetigo: A child can return to the centre 24 hours after treatment has started.

Scarlet Fever: A child can return to the centre 24 hours after treatment has started.

Note: We are unable to apply sunscreen over open lesions.

Sore Throat

SYMPTOMS

- Painful swallowing (especially in strep throat)
- Swollen glands in the neck (especially in strep throat)
- Fever
- Redness in the throat
- Headache
- Whitish tonsils (especially in strep throat)

What you should know

Caused by:

Virus (90%); very often accompanied by a cold

Bacteria (strep throat/tonsillitis) usually no cold symptoms, but fever present

Strep throat is bacterial and requires treatment with antibiotics to prevent rheumatic fever and glomerulonephritis. A throat swab can be carried out at a CLSC or doctor's office to verify whether an infection is bacterial.

Child and Group Needs

Keep air humid

Drink extra fluids

Less activity

While attending to these needs, the educators have to:

- Wash hands more often
- Wash toys more frequently
- Watch for fever
- Maintain activities for the group

MCCC Policy

1. A child should be kept at home if the child's and group needs cannot be met. If the sore throat is caused by a virus (e.g. cold, croup, hand, foot and mouth syndrome), the child can return to the centre when feeling better and able to participate in activities. In the case of strep throat, the child can return to the centre after the first 24 hours of antibiotic treatment.
2. Parents will be called if:
 - Child has a fever
 - Child is vomiting
 - Above needs cannot be met at child care centre.

Stomachache

SYMPTOMS

- Stomach cramps

What you should know

Caused by:

Physical illness

- Otitis
- Diarrhea
- Parasites
- Bladder infection
- Constipation
- Emotional upset
- Over-eating

Child and Group Needs

More rest

To use the toilet

To have temperature checked

MCCC Policy

1. Child should be kept at home if he/she:
 - Has a fever
 - Has diarrhea
 - Is consistently uncomfortable
2. Parents will be called if the above needs cannot be met or if above symptoms are present.

Vomiting

SYMPTOMS

- Vomiting (in infants, accompanied by discontent or discomfort, rather than spitting up)

What you should know

Caused by:

- Gastroenteritis (virus or bacteria)
- Eating too much
- Poisoning
- Allergy
- Motion sickness
- Accident with head injury

After an accident (head injury), a child should be brought to a hospital emergency department.

If a child ingests a poisonous substance call **ANTI-POISON CENTER 1-800-463-5060**, or in extreme emergency call **911**.

Child and Group Needs

Additional individual care

Provide extra fluids and stop feeding solid foods

Check temperature

While attending to these needs, the educators have to:

Wash hands more often

Wash toys and surfaces more frequently

Maintain activities for the group

MCCC Policy

1. A child is to be kept at home if he/she has vomited. A child can return to the centre when he/she has not vomited for 24 hours.
2. A child can return to the centre when there has been no vomiting for 24 hours.
3. Parents will be called to pick up their child if he/she vomits while at the centre.

Instructions for Diarrhea And Vomiting

Gastroenteritis is an inflammation of the intestinal tract. It can cause diarrhea and vomiting which may last a few days. Usually, children (and adults) with gastroenteritis do not need any medication. The usual treatment is diet modification (see below).

What to Watch For

Watch your child for signs of fever. Also keep track of the number of bowel movements and vomiting episodes. Look to see if there is blood or mucus in the stool. Blood would turn the stools black or red. Any other color (green, yellow, brown) is not significant. Watch also for decrease in the number of wet diapers and a dry mouth and tongue. This may be a sign of dehydration (excessive loss of body fluids).

What to Do

If you notice the following, you should get in touch with your doctor:

- Blood in your child's stools
- Fever persisting for more than 3 days
- Diarrhea that doesn't improve after 3 days of home treatment
- Signs of dehydration including a decrease in the number of wet diapers or dry mouth and tongue or lack of tears when crying
- Child is vomiting frequently and not keeping down any fluids

Otherwise, standard home treatments include:

1. Bottle fed babies and children up to the age of 2

Stop all milk formula, all solid food for 24 hours. Give frequent small feedings of clear liquids, including weak broth, jello water (1 envelope, 1 quart water), diluted apple juice, rice water, or 1 quart water mixed with ½ teaspoon of salt and 3 tablespoons of sugar. In 12-24 hours (depending on how the baby responds to the clear liquids) introduce apple sauce, bananas, cooked carrots and cooked rice. If the diarrhea gets worse, return to clear fluids **try solids again later**. If these foods cause no trouble, introduce diluted milk or formula. When stools return to normal, go back to normal diet and full strength milk formula.

For children who have not yet started solid foods or those with severe diarrhea or vomiting, **Pedialyte** can be used. This is a solution available without prescription at the pharmacy. **DO NOT** use apple sauces, bananas, carrots or rice with children not yet eating solids. Stay with **Pedialyte** until the diarrhea or vomiting is resolved.

2. For Breast Fed Babies

Breast fed babies rarely develop serious diarrhea. If you are breast feeding you may find diarrhea difficult to recognize as the stools are normally loose and frequent. Even if you think your baby has diarrhea, **continue breast feeding**. Offer your baby extra water between feedings to prevent dehydration. If your baby eats solids as well as taking breast milk, apply the same rules to the solid foods as apply to the bottle fed babies but keep breast feeding.

3. For Children Over 2

Treat diarrhea as you would an adult. Eat normally but avoid high fiber food, fruits, milk and milk products, all of which make stools looser. Remember that these children need extra fluids too. When the diarrhea is gone, your child can resume a normal diet.

4. For Babies in Diapers with Diarrhea

The diarrhea can be very irritating to the baby's anus. To protect the skin, be sure to change diaper quickly after a bowel movement, wash the area well, and protect both the anus and buttocks with a thick application of diaper ointment (e.g. Vaseline, Ihle's paste, etc.)

5. Prevention

Diarrhea is very contagious. Protect yourself and the rest of the family by washing hands well after each diaper change and disposing of dirty diapers properly.

**ADAPTED WITH PERMISSION OF
CLSC METRO**

Emergency Procedures

In general, most injuries that occur at the centre are quickly and easily cared for by the staff, who maintains up-to-date first-aid training.

In case of an emergency, however, we call 911, administer basic first-aid and contact the parents. If we are unable to reach the parents, we contact their emergency person. If we are unable to reach either the parents or the emergency person, a staff member will accompany the child by ambulance to the nearest children's hospital.

We continue efforts to contact the parents or emergency person to inform them to meet us at the hospital.

The child's medical file containing pertinent information is brought with them to the hospital.

If for any reason, an ambulance needs to be called for your child while in our care, the daycare will assume the ambulance transportation fees charged by Urgences Santé.

N.B. It is essential to inform the centre of any changes to your child's status - i.e. new phone numbers, new emergency person, new medical information etc.

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2012

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ACKNOWLEDGEMENTS

With advice from D.S.C.

Cecile Michaud, Nurse Clinician

Montreal General Hospital

Dr. A. Adrien, M.D., Infection
Disease Control

With advice from C.L.S.C. Metro

Dr. D. Dalton, M.D., C.M., C.C.F.P.