



11 May 2015

Child Care Modernization  
c/o Early Years Division  
Ministry of Education  
900 Bay Street, 24th floor, Mowat Block  
Toronto, ON M7A 1L2  
[CCGE\\_modernization@ontario.ca](mailto:CCGE_modernization@ontario.ca)

**Subject: Response to CCEYA Consultation: Recommendations to Improve Children's Environmental Health in Child Care Settings**

To Whom it May Concern,

The **Canadian Partnership for Children's Health and Environment (CPCHE)** welcomes this opportunity to provide input to regulatory developments under the new Child Care and Early Years Act, 2014 (CCEYA). Specifically, we would like to **urge the Government of Ontario to seize the opportunity to promote healthier child care environments in Ontario by (1) promoting awareness among child care professionals of simple and low-cost routine actions they can take to reduce children's exposures to toxicants and (2) putting in place specific requirements to target priority exposures**, as outlined below.

CPCHE is a national collaboration of organizations with overlapping missions that have been working together since 2001 to improve children's environmental health in Canada ([www.healthyenvironmentforkids.ca](http://www.healthyenvironmentforkids.ca), see Annex 1). Our aim is to increase awareness, mobilize knowledge and catalyze action on children's environmental health issues, with a specific focus on preventing/reducing exposures to toxic chemicals and pollutants during the vulnerable stages of fetal and child development. CPCHE's rigorous adherence to facts and scientific evidence has positioned it as a respected source of information on children's environmental health issues.

In 2010, CPCHE published *Advancing Environmental Health in Child Care Settings: A Checklist for Child Care Practitioners and Public Health Inspectors*, in collaboration with the **Canadian Institute for Public Health Inspectors (CIPHI) – Ontario Branch** and the **Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO)**.<sup>1</sup> It was fully endorsed by all CPCHE partners, including the **Canadian Child Care Federation (CCCF)** and **Toronto Public Health (TPH)** (both of which are founding CPCHE partner organizations) and former CPCHE partner organization, the **Canadian Paediatric Society**.

The CPCHE *Checklist* provides a menu of options that child care professionals can take to improve the health and safety of indoor and outdoor child care spaces, with a focus on reducing children's exposure to

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<sup>1</sup> Canadian Partnership for Children's Health and Environment (CPCHE). *Advancing Environmental Health in Child Care Settings: A Checklist for Child Care Practitioners and Public Health Inspectors*. 2010. Available in English and French at: <http://www.healthyenvironmentforkids.ca/resources/advancing-EH-child-care-settings>

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toxic substances such as, lead, flame retardants, fragrance chemicals (e.g., phthalates), Bisphenol A and other toxic chemicals in toys, furnishings, craft supplies and cleaning products, as well as vehicle exhaust and radon, among others.

In the context of growing public concern about the potential effects of common toxicant exposures on child health and development, the focus of the *Checklist* is to provide actionable steps that child care professionals can take to make their early learning environments healthier and safer for both children and staff.

At present, some public health units (e.g., Peel Public Health, Thunder Bay District Health Unit) actively promote the *Checklist* with child care staff, e.g., during routine inspection visits by public health inspectors. Some child care professionals also access the *Checklist* on their own, or have participated in training sessions/webinars. What is lacking, however, is a comprehensive approach to awareness and capacity building on these issues across the province. **We recommend that the Ministry of Education seek ways to ensure that staff at all child care facilities receive education and practical guidance on measures to reduce toxic exposures in child care settings, and are encouraged to take progressive steps to reduce toxicant exposures** for both children and staff.

During CPCHE's many years of providing Health Canada-funded training sessions for child care professionals/students in regions across the country, we've seen a keen and growing appetite for this information among child care professionals and a willingness to act. Much can be achieved by empowering staff with practical guidance on common sources of toxicant exposures and simple, low-cost measures to reduce them. Educating practitioners also can have a multiplier effect, with child care providers modeling best practices and sharing information with client families.

Concurrent with enhanced education, we encourage the Ministry to pursue **mandatory measures to ensure that all children in child care – no matter which facility they attend or how proactive the staff – are protected from exposure to priority toxicants**. As such, we recommend that measures be pursued to ensure that **all child care facilities are tested for radon**, a radioactive soil gas that can build up in indoor air and is the leading cause of lung cancer among non-smokers (*Checklist* item D7). Learnings from the CPCHE/CCCF Vanguard Initiative to promote radon action in the child care sector, funded by Health Canada in 2013-2014, suggest low levels of existing awareness among child care professionals about this potent lung cancer risk, a willingness but uneven capacity to take action to test their facilities for elevated radon, and practitioners' recognition of the value of a mandatory approach, given the seriousness of the health risk and the relative simplicity of preventive measures (see Annex 2). The Canadian Environmental Law Association, a founding CPCHE partner, recently released a report on the current regulatory landscape for radon testing which included a similar call for mandatory action.<sup>2</sup>

Other measures that should be universal practice for all child care facilities include a **fragrance-free policy** (staff, parents and children to refrain from wearing perfumes or scented products; procurement of fragrance-free laundry and cleaning products) in light of the vulnerability of children and sensitive individuals to certain harmful chemicals used in fragrances, e.g., phthalates (*Checklist* item D6(a); see also Annex 3); **policies to eliminate microwaving food or beverages in plastic**,<sup>3</sup> to reduce exposures to Bisphenol A and other chemicals in plastics that are associated with adverse effects (*Checklist* item G2; see also Annex 4); a policy **not to use antibacterial hand soaps**<sup>4</sup> (*Checklist* item E5(b); see also Annex 5) and a **no-idling policy** to reduce exposure to vehicle exhaust at pick-up and drop-off times. Other measures, such as guidance to

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<sup>2</sup> Canadian Environmental Law Association. *Radon in Indoor Air: A Review of Policy and Law in Canada*. 2014. Available at: <http://www.cela.ca/publications/radon-indoor-air-review-policy-and-law-canada>

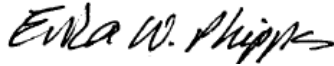
<sup>3</sup> As an example of action on this issue, Toronto Public Health recently included a guideline in its [Operating Criteria](#) regarding microwaving food or beverages in plastic or serving hot food or beverages in plastic.

<sup>4</sup> For rationale and best practice, see CPCHE statement for Healthy Schools Day 2014, "[Back to Basics with Hand-Washing: Say "No" to Antibacterial Soaps](#)" <http://www.healthyenvironmentforkids.ca/news-info/back-basics-hand-washing-say-no-antibacterial-soaps-schools>

assist child care facilities in selecting the least-toxic art and craft materials and cleaning products (see *Checklist* sections E and F), among others, also could be considered.<sup>5</sup>

These measures – **increased education and access to practical “how-to” guidance among child care staff**, alongside the **pursuit of mandatory/universal measures to target priority sources of toxic exposures**, would be meaningful and laudable steps forward in protecting the health and well-being of Ontario’s children. We urge you to consider the above recommendations and we stand ready to provide additional information and/or assistance in advancing our mutual objective of healthy and supportive learning environments for children.

Yours sincerely,



Erica W. Phipps  
CPCHE Executive Director

### Canadian Partnership for Children’s Health and Environment (CPCHE) – Partner Organizations



[www.healthyenvironmentforkids.ca](http://www.healthyenvironmentforkids.ca)

<sup>5</sup> As an example of action in this area, the State of California recently published a “black list” of art and craft materials that should not be used in schools: <http://www.oehha.ca.gov/education/art/index.html>.

**Annex 1: List of Partner and Affiliate Organizations in the Canadian Partnership for Children’s Health and Environment (CPCHE)**



**CPCHE Partners:**<sup>6</sup>

Canadian Association of Physicians for the Environment  
Canadian Child Care Federation  
Canadian Environmental Law Association  
Environmental Health Clinic-Women’s College Hospital  
Environmental Health Institute of Canada  
Learning Disabilities Association of Canada  
Ontario College of Family Physicians  
Pollution Probe  
South Riverdale Community Health Centre  
Toronto Public Health

**CPCHE Affiliate Organizations:**<sup>7</sup>

Centre for Environmental Health Equity  
College of Family Physicians of Canada  
Ontario Public Health Association  
Region of Peel Public Health  
Thunder Bay District Health Unit

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<sup>6</sup> Partners are core organizations that are part of CPCHE’s consensus-based decision-making structure.

<sup>7</sup> Affiliates are additional organizations that engage in CPCHE’s work but are not part of CPCHE’s consensus-based decision-making.

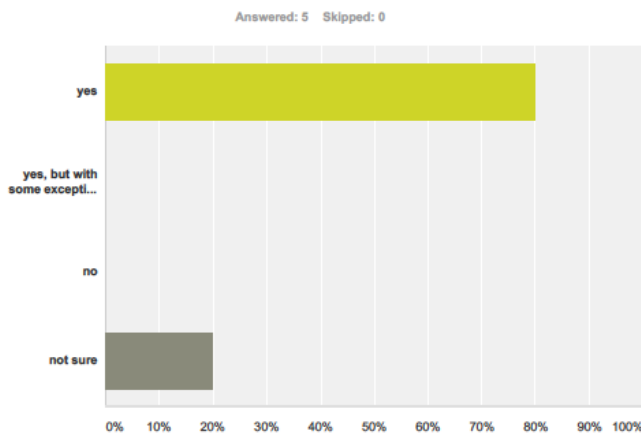


**Annex 2: Excerpts from Final Report of the CPCHE/CCCF Vanguard Initiative to Promote Radon Awareness Among Child Care/Early Childhood professionals and the Families They Serve**

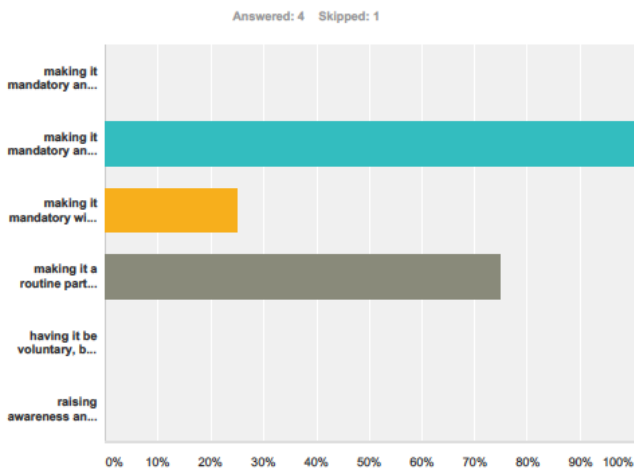
Full report available at: <http://www.healthyenvironmentforkids.ca/resources/cpchecccf-vanguard-initiative-promote-radon-awareness-among-child-careearly-childhood-prof>

“What I see in child care tends to be... people don’t take action unless they’re forced to, unfortunately. So, if it was part of our annual licensing, or if it was mandatory, or if the tests were provided to centres. ...It’s like carbon monoxide detectors, right? We never had them before and then finally we were forced to have them and so everybody got them. And you know meanwhile there’re only like \$40 or \$50, and yet people didn’t do that before it was made sort of expected of us. So... I think unless it was made mandatory or there was some kind of assistance in ensuring that it was done, I think it would be unlikely to get done on a regular basis or, you know, when it should be. – Vanguard participant

**Q18 Do you think that all child care facilities should be tested for radon?**

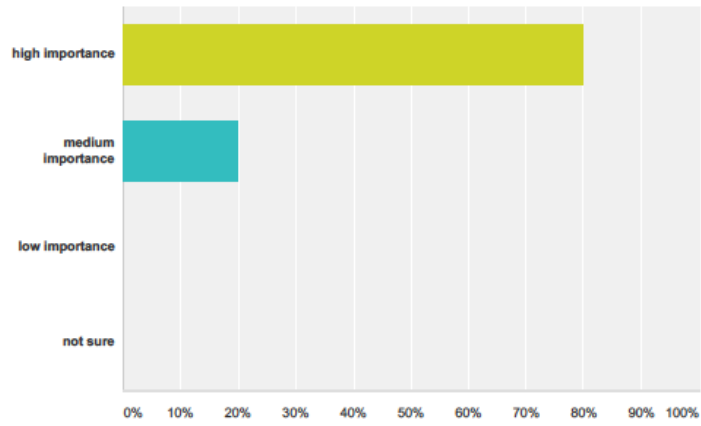


**Q19 What would be an effective way to ensure that all child care facilities are tested for radon? (you may check more than one option)**



**Q20 Considering the range of health risks that can exist in indoor environments, how would you rate the importance of ensuring acceptable levels of radon in child care settings?**

Answered: 5 Skipped: 0



## Annex 3: CPCHE summary information and guidance on fragrances



### Playing it safe:

# Fragrances

Reducing your family's exposure to fragrance chemicals  
... for your children's health.

A fragrance is sometimes called a scent or perfume (parfum). Fragrances can be natural, such as the smell of roses or lemons, or human-made, such as the chemicals often added to shampoos, deodorants, air “fresheners,” laundry detergents, dryer sheets, cleaners and other products to give them a certain smell.

Some fragrance chemicals may be harmful, particularly to children and to individuals who are sensitive to them. They may trigger itchy or watery eyes, worsening of asthma symptoms and other breathing problems, headaches or other acute effects.

Some chemicals used in fragrances may also contribute to long-term health effects. For example, phthalates, a type of chemical used to make a scent last longer, may interfere with the body's hormone system. Phthalate exposures during pregnancy have been linked to birth defects in male reproductive organs and other adverse effects.

The chemicals in fragrances can be breathed in or absorbed through the skin. They may also settle on food or other objects that a child may put in her mouth.

In Canada, manufacturers are not required to list on product labels the specific chemicals they use to create fragrances. Thus, it can be difficult to make informed choices. Following are some simple tips that can help.



## Tips:

- ✓ Avoid wearing perfume, cologne or scented body care products, particularly when pregnant, around children, at work or in public places. And don't use fragranced personal care products on your baby or child.
- ✓ Avoid products with “fragrance” or “parfum” in the list of ingredients. Even products labeled as unscented may contain fragrance chemicals. Check the list of ingredients.
- ✓ Don't use air “fresheners” including sprays, solids, oils, plug-ins, potpourri or incense. Even essential oils may cause problems for sensitive individuals and some may contain added chemicals.
- ✓ Choose fragrance-free laundry detergent and don't use scented fabric softeners or dryer sheets.
- ✓ Avoid strong-smelling cleaning products. Use simple, non-toxic alternatives such as baking soda as a scouring powder for sinks and tubs, and vinegar mixed with water for cleaning floors, surfaces and windows.
- ✓ Avoid scented candles. Natural beeswax candles (unscented) are a safer choice.
- ✓ Avoid buying scented toys or scented arts and crafts supplies (e.g., scented markers).
- ✓ If your child's school or child care centre uses air “fresheners,” scented soaps and/or cleaning products, share this fact sheet with the staff and encourage them to explore safer options.
- ✓ While a fragrance-free home is recommended, if you really like fragrances, items from your kitchen can be used to create natural scents. For example, try simmering a few cinnamon sticks, lemon wedges or a mint tea bag in a pot of water on the stove for a few minutes.
- ✓ Make sure the diaper bin and garbage have tight-fitting lids, empty them often and open windows regularly to let in fresh air.

### FOR MORE INFORMATION:

- CPCHE. [www.gogreenwhenyouclean.ca](http://www.gogreenwhenyouclean.ca)
- The Lung Association: Indoor Air Quality: Scents. [www.lung.ca](http://www.lung.ca)
- David Suzuki Foundation: Fragrance and Parfum. [www.davidsuzuki.org](http://www.davidsuzuki.org)
- Toronto Public Health: Hidden Exposures. [www.toronto.ca/health](http://www.toronto.ca/health)
- The Campaign for Safe Cosmetics. [www.safecosmetics.org](http://www.safecosmetics.org)
- Canadian Coalition for Green Health Care. [www.greenhealthcare.ca](http://www.greenhealthcare.ca)
- Canadian Centre for Occupational Health and Safety. [www.ccohs.ca](http://www.ccohs.ca)

Canadian Partnership for Children's Health and Environment (CPCHE). [www.healthyenvironmentforkids.ca](http://www.healthyenvironmentforkids.ca). May 2013.

**Annex 4: CPCHE “tips” on reducing the use of plastics for food preparation, storage and service, including not microwaving in plastic**

# Get Drastic with Plastic

Reducing exposures to chemicals in plastic  
... for your children's health.

Harmful chemicals can move into food or drinks that are heated or stored in plastic.

Reducing the use of plastic when making, serving and storing food can protect your family's health.

Use glass, ceramic or stainless steel for hot food or drinks.

Avoid using plastic in the microwave, even if the label says "microwave safe."

Choose fresh or frozen foods when possible to avoid BPA, a chemical used in the lining of most food and drink cans.

Store food in glass or ceramic containers, rather than plastic.

[www.getdrasticwithplastic.ca](http://www.getdrasticwithplastic.ca)

canadian partnership for  
**children's**  
health & environment

[www.healthyenvironmentforkids.ca](http://www.healthyenvironmentforkids.ca)

## Annex 5: CPCHE Joint Letter to Federal Ministers re: Antibacterial Chemical Triclosan

16 December 2014

The Honourable Rona Ambrose  
Minister of Health  
Brooke Claxton Building, Tunney's Pasture, Postal Locator: 0906C  
Ottawa, Ontario K1A 0K9

The Honourable Leona Aglukkaq  
Minister of the Environment  
Les Terrasses de la Chaudière, 10 Wellington Street, 28<sup>th</sup> Floor  
Gatineau, Quebec K1A 0H3

### **Subject: Immediate action needed on Triclosan in light of human health risks**

Honourable Ministers,

We are writing to urge you to declare triclosan a toxic chemical under the Canadian Environmental Protection Act (CEPA) and strictly limit its use, in light of growing scientific evidence of its risks to human health. We are particularly concerned that this persistent chemical, known to interfere with endocrine function, is unnecessarily putting children at risk.

**Health experts, including the Canadian Medical Association,<sup>i</sup> have long called for action to stop the widespread use of triclosan and other antibacterial chemicals in everyday consumer products, citing concerns about potential links to antibiotic drug resistance and other health effects.** Researchers have found a positive association between triclosan levels and diagnosis of allergies and hay fever in children, suggesting deleterious effects on immune function.<sup>ii</sup> Multiple studies link triclosan with disruption of the endocrine system, including adverse effects on thyroid function.<sup>iii,iv,v</sup> This is of particular concern given the role of hormones in orchestrating fetal and child development. Toxicologic studies suggest that triclosan exposure during pregnancy may affect delivery of oxygen and nutrients to the fetus.<sup>vi</sup> and that triclosan promotes liver fibrosis, which can increase the risk of cancer.<sup>vii</sup>

**Canadians, including children and pregnant women, are routinely exposed to this toxic and ubiquitous chemical.** Exposures occur via direct contact with triclosan-containing products, such as soaps, cosmetics, toothpaste, mouthwash, plastic items, kitchenware and textiles. Exposure can also occur via inhalation or ingestion of house dust contaminated with triclosan from consumer product use.<sup>viii</sup> Because of their faster breathing rates, proximity to the floor and frequent hand-to-mouth activity, children are disproportionately exposed to toxicants in dust. Contamination of waterways and soil by triclosan-containing products also means that people who choose to avoid products that contain triclosan, including those who may be immunosuppressed, are routinely exposed. Biomonitoring data in the United States and Canada show detectable levels of triclosan in about 75% of the general population.<sup>ix,x</sup> In the MIREC study, a 10-city Canadian birth cohort, **99% of pregnant women had measurable levels of triclosan** in their urine.<sup>xi</sup>

**The health risks associated with the use of triclosan in consumer products clearly outweigh any potential health benefits.** According to the FDA<sup>xii</sup> and published research,<sup>xiii</sup> soaps containing antibacterial chemicals are no more effective at fighting the spread of germs than

regular soap and water. It is similarly difficult to imagine that the use of this biocide in clothing and other everyday items offers any justifiable health benefits.

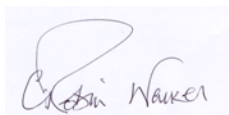
**Widespread environmental contamination, detectable body burdens in the majority of Canadians and compelling evidence of health risks – particularly to vulnerable populations – speak to the urgent need to limit the use of triclosan to judicious and clearly justified applications.** Widespread use in soaps, cosmetics and other everyday consumer products does not meet that threshold of judicious and justifiable use.

**We call on your leadership in declaring triclosan toxic and taking decisive risk management measures to end the unnecessary widespread exposures and associated health risks of triclosan.** We are also concerned about the environmental and health implications of alternative chemicals, such as triclocarban,<sup>xiv</sup> that may have a similar risk profile. Thus, we also urge you to ensure **careful and precautionary evaluation of other chemicals used to replace triclosan** in consumer products now and into the future.

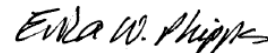
Respectfully,



Bruce Lanphear, MD  
Child & Family Research  
Institute, BC Children's  
Hospital and  
Simon Fraser University



Robin Walker, MD  
Professor of Paediatrics  
Schulich School of Medicine  
and Dentistry  
Western University



Erica Phipps, MPH  
Executive Director  
Canadian Partnership for  
Children's Health and  
Environment (CPCHE)



<sup>i</sup> Canadian Medical Association. Public Health Issue Briefing. Antimicrobial/Antibacterial Products. March 2010.

<sup>ii</sup> Clayton EM, Todd M, Dowd JB, Aiello AE. 2011. The impact of bisphenol A and triclosan on immune parameters in the U.S. population, NHANES 2003–2006. *Environ Health Perspect.* 2011, 119 (3), 390–6.

<sup>iii</sup> Gilbert ME, et al. 2012. Developmental thyroid hormone disruption: Prevalence, environmental contaminants and neurodevelopmental consequences. *NeuroToxicology.* 33 (4), 842-852

<sup>iv</sup> Crofton, KL, et al. 2007. Short-term in vivo exposure to the water contaminant triclosan: Evidence for disruption of thyroxine. *Environ Toxicol Pharmacol.* 24 (2), 194-197.

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- <sup>v</sup> Koeppel ES et al. 2013. Relationship between urinary triclosan and paraben concentrations and serum thyroid measures in NHANES 2007-2008. *Sci Total Environ.* 445-446: 299-305.
- <sup>vi</sup> James, MO, et al. 2007. Triclosan is a potent inhibitor of estradiol and estrone sulfonation in sheep placenta. *Environ Int.* 36(8), 942-949
- <sup>vii</sup> Mei-Fei Yueh et al. 2014. The commonly used antimicrobial additive triclosan is a liver tumor promoter. Proceedings of the National Academy of Sciences of the United States of America. <http://www.pnas/content/early/2014/11/12/1419119111.abstract>
- <sup>viii</sup> Fan X, Kubwabo C, Rasmussen P, Jones-Otazo H. 2010. Simultaneous quantitation of parabens, triclosan, and methyl triclosan in indoor house dust using solid phase extraction and gas chromatography-mass spectrometry. *J Environ Monit.* 12(10):1891-7. doi: 10.1039/c0em00189a.
- <sup>ix</sup> Health Canada. 2013. Second Report on Human Biomonitoring of Environmental Chemicals in Canada: Results of the Canadian Health Measures Survey, Cycle 2 (2009-2011), April 2013. Available at: <http://www.healthcanada.gc.ca/biomonitoring> [accessed 7 November 2014].
- <sup>x</sup> Calafat AM, Ye X, Wong LY, Reidy JA, Needham LL. 2008. Urinary concentrations of triclosan in the U.S. population: 2003-2004. *Environ Health Perspect.* 116(3): 303-7.
- <sup>xi</sup> Arbuckle T. et al. 2014. Exposure to Free and Conjugated Forms of Bisphenol A and Triclosan among Pregnant Women in the MIREC Cohort *Environ Health Perspect*; DOI:10.1289/ehp.1408187.
- <sup>xii</sup> FDA. 2013. Safety and Effectiveness of Consumer Antiseptics; Topical Antimicrobial Drug Products for Over-the-Counter Human Use; Proposed Amendment of the Tentative Final Monograph; Reopening of Administrative Record. Fed. Reg. Vol. 78, No. 242, 76443 -76478. December 17, 2013. Docket No. FDA-1975-N-0012.
- <sup>xiii</sup> Aiello AE, Larson EL, Levy SB. 2007. Consumer antibacterial soaps: effective or just risky? *Clin Infect Dis.* 45 Suppl 2: S137-47.
- <sup>xiv</sup> ToxServices LLC (2014). Triclocarban (CAS# 101-20-2) GreenScreen® for Safer Chemicals (Green Screen®) Assessment. Available: <http://www.cela.ca/sites/cela.ca/files/101-20-2-Triclocarban-GreenScreen.pdf>