

ADVENTURES IN LEARNING CHILDCARE CENTER, LLC

FIRST AID/MEDS POLICY

ADVENTURES IN LEARNING CHILDCARE CENTER, LLC staff will be responsible for assessing any injuries or illnesses, administering medications, and keeping the First Aid kit organized and well stocked. The staff will take the following steps to ensure the health and welfare of all children in our care.

In an emergency

1. Contact the on-site supervisor.
2. Instruct a team member to call 911, as well as the child's parents.
3. Attend to the child by following proper first aid and/or CPR guidelines while awaiting paramedics.

Sending a Child Home

When it has been determined that a child must go home, the procedures are as follows:

1. Director or on-site supervisor will notify the parent or legal guardian.
2. If a parent/legal guardian is unable to be reached, proceed by contacting someone on the emergency pick-up list.
3. Child must be quarantined from peers, generally with Director or on/site supervisor, until pick-up.
4. Thirty (30) minutes will be given to pick-up the child.
5. Illness report filled out and signed with instructions for child return.

Sick Child

1. Assess the child. Question him/her as to where the problem is located.
2. Take the child's temperature, if result warrants additional action contact Director or on-site supervisor to continue assessment.
3. The child must be sent home with a temperature of over 99.9°F.
4. Use of discretion and reasonable judgment is expected, based on current guidance by the Center for Disease Control and Prevention as well as area Public Health and Human Services departments, may be made if evidence of an illness is present but is not accompanied by a high temperature.

Injury w/ Blood

1. Take precaution by first applying a protective barrier between you and the wound, i.e. rubber gloves, zip lock bag, etc.
2. Assess the area to determine whether the wound will require stitches, bandage, and/or other treatment
3. Once situation controlled, notify Director or on-site supervisor. At this point they will oversee the situation.
4. If stitches are reasonably expected, contact child's parents. This should be done by Director or on-site supervisor if possible. Prepare an incident report. Clean only the area around the wound.
5. If stitches are not required, thoroughly clean and disinfect the wound using hydrogen peroxide. Prepare an incident report.
6. All contaminated materials (gloves, blood soaked paper or cloth) shall be disposed of by being sealed in a plastic bag and thrown in the waste container for diapers. This container is to be emptied into a waste receptacle outside the building as needed or at least twice every 24 hours. Contaminated clothing that is to be sent home must be double sealed in a plastic bag and then put in the container for soiled clothing.
7. Contaminated surfaces must be sanitized as soon as possible and prior to any other children being allowed in the area..

Injury w/o Blood, Head Injury

1. Assess the area to locate any abnormal bumps or bruises.
2. Apply an ice pack to the injured area.

3. If the injury is suspected to be more severe, immediately notify Director or on-site supervisor. They will oversee the situation.
4. Director or on-site supervisor will monitor child for fixed, glossy or dilated pupils for 30 minutes in case of suspected head injury.
5. Contact parents and/or emergency responders if symptoms are present.

Broken Bones

1. If a broken bone is suspected, do not force movement.
2. Assess the area to locate any swelling or abnormality of the bone structure.
3. Apply an ice pack to the injured area.
4. Contact Director or on-site supervisor for further assessment if growing suspicion that a bone may be broken.
5. Director or on-site supervisor will contact the child's parent as soon as possible.

Bite Marks

1. Assess the child to locate the area of the bite.
2. Disinfect the area of the bite with soap and water.
3. Apply an ice pack to the injured area.

Head Lice

1. Confirm with the Director or on-site supervisor that nits or lice are present. Director or on-site supervisor will quarantine the child immediately.
2. Follow procedures on sending a child home. Notify the pickup person that the child must be properly treated before returning.
3. All sheets, blankets, and sleep toys in the affected room must be bagged and washed. Suggest to the parents that they do this as well.
4. A complete head lice check must take place in the affected room, as well as in the rooms of any siblings.
5. The child must be checked by staff for re-entry into the Center.

Contagious Disease

1. Parents are required to notify the Center when a child contracts a contagious disease. These include, but may not be limited to, chicken pox, conjunctivitis, 5th disease, impetigo, measles, scarlet fever, ringworm, etc.
2. In the case that a child contracts a contagious disease, a health alert will be posted on Procure via messages to the affected room by Director or on-site supervisor.
3. This alert will include a brief description of the disease, date that the Center was notified, and the date that it was posted.
4. The child may return to the Center as stated by the health alert.
5. Doctors note may be required upon child's return at Center's discretion.

MEDICATION:

Receiving and Storing Medication

1. An “Authorization to Give Medication” form, filled out in its entirety, must accompany all medication received by the Center
2. All medication must be in its original bottle or container.
3. Medication mixed in a bottle with formula or in any other manner is not to be accepted.
4. All nonprescription medication must be labeled with the child’s first and last name and the date that it was received.
5. Nonprescription medication requiring administration for longer than one week must have a doctor’s note approving the length of use. That note may be good for a maximum of six months.
6. Long term prescription medication must have an “Authorization to Give Medication” form. This form must be updated every 30 days. We must have a doctor’s note for all prescription medications, with the medication not to exceed six months. The prescription bottle may fulfill this requirement, as long as it is current.

Administering Medications

When medication is authorized to be administered, five “rights” must always be observed, and are as follows:

1. Right Patient – Question the teacher and child to confirm that you have the correct child.
2. Right Drug and Right Dosage – Compare the medication bottle to the “Authorization to Give Medication” form to confirm proper administration and to insure that the medication has not expired. Do not exceed the dosage on the bottle unless a doctor’s note is present verifying the dosage amount.
3. Right Time – Refer to the “Authorization to Give Medication” form for the time to be given. Medication may be given one half hour before or after the stated time.
4. Right Route – When medication is administered, be certain that it is applied to the correct area or given in the correct manner, i.e. eye drops to eye, ear drops to ear.

Disposing of Medication

1. When the duration for administration of medication is up, as noted on the “Authorization to Give Medication” form, the empty bottle (after being washed out) should be placed in the child’s bucket.
2. In the case that the medication is not emptied, it should stay in the First Aid room and a note sent to the parents.
3. The note will notify the parents that the unused medication will be discarded if it is not picked up by a designated date.
4. All medication must be discarded through the sewer system.

Recording Information

1. All incidents must be recorded the correct forms as needed, i.e. “Authorization to Give Medication”, “Incident Report”.
2. All information must be specific as to the degree of temperature, cause of injury, location and type, i.e. ¾ inch cut on right index finger. Finger got cut on a toy.
3. Any injury causing a mark constitutes an incident report. The report will be complete with all information surrounding the injury. One copy of the report will go to the child’s bucket and the original to the child’s file.
4. Failure to complete report in a timely manner may result in disciplinary action to all applicable staff - these reports are crucial in documenting incidents and function to protect all involved.

Guidelines: When a Child Can Return

These guidelines are recommended by the American Academy of Pediatrics and the American Public Health Association. These guidelines will be observed unless your child has a doctor's release that specifically re-admits them to the center prior the guidelines listed.

<u>Fever Free:</u>	Must be fever free, without fever reducing medicine, for 24 hours with the exception of an ear infection. In case of an ear infection, the child may return after treatment of antibiotics has started.
<u>Vomit Free:</u>	Must not have vomited for 24 hours.
<u>Uncontrolled Diarrhea:</u>	Defined as an increased number of stools compared with the child's normal pattern, with increased watery stool and/or decreased formed consistency that cannot be contained by the diaper or toilet use. If the child has more than 2 diarrheas during the day or more than 1 uncontained diarrhea the child must be sent home. The child cannot return until he/she has had normal stools for 24 hours. If a child is on a medication that causes diarrhea, we need a doctor's note for the file (which we can keep for further reference).
<u>Conjunctivitis (Pink Eye):</u>	24 hours after documented treatment for conjunctivitis has begun.
<u>Rash:</u>	With any rash accompanied by a fever or behavior change, the child cannot return until they have a doctor's note stating that the illness is not a communicable disease.
<u>Infestations (e.g. head lice, scabies):</u>	Cannot return until 24 hours after appropriate treatment has begun and has to be checked by staff before re-entering.
<u>Tuberculosis:</u>	Must have a doctor's note stating that the child is non-infectious.
<u>Impetigo:</u>	Cannot return until 48 hours after treatment has begun.
<u>Strep Throat:</u>	24 hours after documented treatment has been initiated.
<u>Varicella (Chicken Pox):</u>	Cannot return until 7 days after onset of rash or until all lesions have dried and crusted.
<u>Shingles:</u>	Child needs to be excluded only if the sores cannot be covered by clothing or a dressing, until the sores have crusted.
<u>Whooping Cough:</u>	Cannot return until 5 days of appropriate treatment has been started.
<u>Mumps:</u>	Cannot return until 9 days after onset of swelling of glands near the ear.
<u>Hepatitis A:</u>	Cannot return until one week after the onset of illness or until after immune serum globulin has been given to the appropriate children and team members in the program as directed by the responsible health department staff.
<u>Measles:</u>	Cannot return until 6 days after the rash appears.
<u>Rubella:</u>	Cannot return until 6 days after the rash appears.
<u>Ringworm:</u>	Cannot return until 24 hours after starting treatment or a doctor's note saying noninfectious.

