

## HEALTH

### *Reporting Accidents and Illnesses*

If an injury occurs at the center, a form will be filled out for parents to read and sign. This procedure is to ensure that you have all information regarding the incident.

### *State Mandated Reporting of Child Abuse & Neglect*

As New Hampshire early childhood teachers and staff, we are mandated reporters. This means that if we have any suspicion of abuse or neglect that we are required to report it immediately.

### *Illness Policy*

Our utmost concern is children's health followed by the ability of the staff to meet the need of children who are ill while at the same time caring for well children in the program. The focus of this policy will be on the comfort level of the child and his/her ability to participate in the normal schedule of the day. In addition, consideration is given to whether the staff is able to meet his/her increased needs, such as needing to be held or monitored continually. In accordance with NAEYC guidelines, at least one staff member who has certification in emergency pediatric first-aid treatment including CPR for infants and children, and emergency management of choking from a licensed health professional, is always present in each classroom.

The utilization and success of the Center's policy is dependent on the following:

- A trusting relationship between families and staff;
- A commitment by families and staff to understand the burden that child illness creates for everyone and to make every attempt to ease this burden on families, on staff, and on the child
- Acknowledgement by families that teachers:
  - know the children in their care very well
  - use careful judgment when making a decision that a child is behaving atypically
  - can recognize when a child is uncomfortable in this setting
  - will reach an agreement among the team that the symptoms indicating illness are sufficient to warrant a warning call and/or sending a child home.
- Acknowledgement by teachers that parents use the best judgment possible when making decisions about whether their child is well enough to attend school.

### *Exclusion for Health Reasons*

The following are used as guidelines for teachers in reaching a decision regarding exclusion of a child from CSDC.

- Exclusion generally is not dependent upon a single criterion such as degree of temperature, but on a combination of symptoms which includes both physical and behavioral factors.
- As the degree of severity and number of physical and behavioral changes increases so does the probability of exclusion.
- When two or more symptoms are present in concert, the teaching team will determine whether or not the child should be sent home.

- The age of the child, the severity and longevity of symptoms and the existing outbreak of similar symptoms in the classroom/Center will impact a decision to exclude a child from the group.

**However, in keeping with state licensing guidelines, exclusion is warranted for fever at or above 101 degrees F (taken orally, 100 degrees F when taken under the arm); for uncontrolled diarrhea (defined as increased number of stools compared with the child's normal pattern and that are not contained by the diaper or toilet use); for contagious illness such as mumps; or contagious infestation such as head lice.**

Prior to making a phone call about an elevated temperature:

- The child's temperature is taken using different thermometers if readings seem disparate.
- The staff waits 20 minutes following a nap to take an initial temperature.
- The staff removes some clothing if a child has an elevated temperature with the initial check.
- The staff takes under the arm temperatures. All thermometers are digital.

For example, an infant less than 4 months old with a temperature of 100 degrees F and no other symptoms would be sent home. A 4-year-old with a temperature of 100 degrees F and no other symptoms would be monitored closely and a warning call would be made. A child with a low temperature of 100, for example, but who is lethargic or complaining of a stomachache and unable to participate comfortably in the daily routine of the classroom would be sent home.

When a child has vomited, had more than one instance of diarrhea, or has an excessively high fever at school or at home, they must be out the day of the incident (day 1), out the whole next day (day 2), and may return the following day (day 3) provided they are symptom free all of day 2 without the assistance of medication.

When a decision to exclude a child is made, we ask that parents or caregivers make every effort to pick up their child within 30 minutes of being notified.

### ***Medications Policy and Procedures***

We also ask that families not use medications that may mask undiagnosed illnesses. Giving a child Motrin/Tylenol may get them through the morning, but may also expose other children to unidentified ailments unnecessarily. If a family has given medication in the morning at home, please inform the teacher at drop off.

CSDC will administer medication only if the parent or legal guardian has provided written consent; the medication is available in an original labeled prescription or manufacturer's container. CSDC must have on file the written or telephone instructions of a licensed clinician to administer the specific medication.

1. For prescription medications, parents or legal guardians will provide teachers with the medication in the original, child resistant contents that is labeled by a pharmacist with the child's name, the name and strength of the medication; the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication's expiration date; and administration storage and disposal instructions. For over-the-counter medications, parents or legal guardians will provide the medication in a child-resistant container. The medication will be labeled with the child's first and last names; specific, legible instructions for administration and storage supplied by the manufacturer; and the name of the health care provider who recommended the medication for the child.

2. Instructions for the dose, time, method to be used, and duration of administration will be provided to the teachers in writing (by a signed note or a prescription label) or dictated over the telephone by a physician or other person legally authorized to prescribe medication. This requirement applies both to prescription and over-the-counter medications.

3. A physician may state that a certain medication may be given for a recurring problem, emergency situation, or chronic condition. The instructions should include the child's name; the name of the medication; the dose of the medication; how often the medication may be given; the conditions for use; and precautions to follow. A child with a known serious allergic reaction to a specific substance who develops symptoms after exposure to that substance may receive epinephrine from a teacher who has received training in how to administer.

4. Medications will be kept at the temperature recommended in a locked container.

5. Medication will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions which state that the medication may be used whenever needed will be renewed by the physician at least annually.

6. The Authorization to Administer Prescription and Non Prescription Medication Form will be maintained by CSDC staff to record the instructions for giving the medication, consent obtained from the parent or legal guardian, amount, the time of administration, and the person who administered each dose of medication. Spills, reactions, and refusal to take medication will be noted on this log.

7. Medication errors will be controlled by checking the following 5 items each time medication is given:

- a. Right Child
- b. Right Medicine
- c. Right Dose
- d. Right Time
- e. Right Route of Administration

***Teachers may not dispense non-prescription medications. The only exceptions to this is if a physician has specified the use of over the counter medication through an Emergency Health Care Plan or written medical order and use of over the counter topicals, such as sun block and insect repellent per parental or legal guardian permission.***

Parents may at anytime dispense medication to their children.

### ***Containing the Spread of Germs***

The staff at CSDC implements practices that have been determined to help control the spread of germs. Among the several procedures include:

- washing hands upon entering the classroom, after changing diapers, assisting children in toileting, and after helping children blow noses;
- opening classroom windows when leaving the room for outdoor play, lunch and/or nap;
- containing diapers in separate closed containers;
- sanitizing toys which are often mouthed;
- sending uneaten food home, daily;

- disinfecting diapering, bathroom, and eating areas; and,
- providing individual sleeping mats/cots/cribs and blankets and disinfecting/washing weekly.

In addition to these precautions, we are requiring that Universal Precautions be followed. Specifically, we will request that staff and students wear gloves when changing diapers and when bodily fluids are present.

These guidelines and exclusion criteria are intended to protect staff as well as children, and to take into consideration both behavioral and physical symptoms that reflect the well-being of children who attend the UNH Child Study and Development Center. These criteria were generated by referencing the books, Caring For Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home and Child Care Programs and the New Hampshire Division of Public Health Services Disease Handbook For Child Care Providers. Other resources utilized include: discussion of the illness policy amongst the members of the Parent Advisory Committee, and discussion between staff members and parents.

Resources and additional information with regard to common childhood illnesses are available from your child's classroom teachers or in the front office.

### ***Sleeping and Napping Policy***

All children in the center participate in rest time in the early afternoon. Each child will have a mat and will be encouraged to rest quietly. The Children's Center has sheets that are laundered weekly. Children are welcome to bring security objects from home if needed at rest time.

It is a CSDC policy that a quiet rest time is beneficial to all children.

### ***Outdoor Safety***

Daily outdoor activity is very important for young children and is a regularly planned daily activity. We feel that a child who is well enough to be in the center is well enough to play outdoors. This provides the fresh air and movement needed daily for your child's general well-being and healthy development. You can help your child enjoy outdoor activities by making sure that he/she is properly dressed for the weather. In winter, this includes boots, warm coat, sweater, snow pants, mittens and hat. In summer, this includes sunhat, use of sunscreen and insect repellent as authorized by parent or guardian. CSDC will also spray the perimeter of the outdoor play space for ticks when the children are not present. This usually occurs in early summer.

### ***Field Trips***

Occasionally, we go on walks or visit different areas on campus. Parents grant permission for specific trips or recurring trips using the NH Licensing Field Trip Permission forms.

### ***Nutrition***

A morning and afternoon snack are provided based on US Department of Agriculture guidelines for balanced meals. The menu cycle is posted in each classroom. Our menus are reviewed by the CSDC nutrition consultant. Lunches are provided by families and CSDC provides milk. We are able to re-heat food that has already been cooked for children but we are not able to cook and prepare food.

### ***Allergies: CSDC is a NUT-restricted environment***

In recent years we have experienced an increase in the number and severity of *serious food allergies* amongst children at CSDC. After an extensive review of various approaches to this issue, we decided to proactively restrict the potential for allergic reactions and in so doing minimize the hassles for families of children with allergies.

*Nuts and nut products are the most serious and prevalent allergen at CSDC. Accordingly, foods with nuts (including nut pastes and flour) are not allowed at the center.*

We recognize that this policy is an inconvenience for parents and children but ask for your help since for some children exposure to nuts poses a serious health risk. In some cases the allergy is so severe that simply smelling nut products can lead to a dangerous reaction. We also encounter other allergies (e.g. dairy, soy, shellfish) and classroom staff will always work with the families of children concerned to create as safe an environment as possible.

**CSDC can not promise that the center is a nut-free environment.** Teachers will inform parents if they see food from home that includes visible nuts or they already know the product contains nuts products. Removal may be necessary if there is a known nut allergy. Teachers do **not** read product labels. We depend on your assistance in monitoring foods from home. We have not excluded the many commercial products that include a warning about trace elements of nuts and the possibility of contact with nut-contaminated machinery. If there is a known allergy in the room, individual classrooms may ask families to adhere to additional safety practices as needed.