**The Salvation Army London Village**

**Medical Practices Policy And Procedure Manual**

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***Section Medical Practices***

# Allergy And Asthma Medication

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

There may be times when children are registered into The Salvation Army London Village Day Nursery with special medication conditions. Because Early Childhood Education is not considered to be a health profession, it is necessary to have in place the practices to ensure the safety of children and staff.

Children may be registered in our program that requires inhalers for allergies or asthma conditions.

**Policy**

Whenever staff are dispensing medication staff will be cognizant of the “five rights of medication”: right person, right medication, right amount, right time and right method.

Generally, the Day Care does not administer medications “as needed”, unless clear and specific details are given by the parent as to when medication should be given and how much medication is given.

Inhalers will be signed in as per Medication Administration Policy.

The child care program will only administer 2 puffs at any given time (regardless of the directions on the puffer). Only with specifc direction from a physician, will we repeat the 2 puffs. If the child’s breathing does not improve the parent/guardian or 911 will be contacted.

Inhalers must be accessible in case of emergencies.

Inhalers should be used with a spacer especially for children under the age of 5.

Each child using inhalers, for asthma or specific respiratory conditions, will have an emergency plan posted in the child care centre listing specific triggers, reactions, symptoms, signs, and emergency protocols for that child. This plan should be posted in a conspicuous area in the program. Copies of such plan will also be placed in the Emergency Contact Binder and in the Master Binder, located in our staff room. The child’s picture will be posted with this plan. The initial plan must be signed by a physician. This plan will then be reviewed annually by the family. If there are changes to the plan, then a new plan must be redeveloped and signed by a physician.

All staff, students and volunteers will receive training on the Asthma/Respiratory Conditions policy by the Program Director or designate and each will sign off on the training prior to their first shift. Policies will be reviewed annually thereafter by staff, students and volunteers.

If the child is taken to the hospital the procedures for Serious Occurrences will be followed.

**Procedure**

* Each parent/guardian will be required to have completed individual procedures for their child’s asthma or allergy medication (inhalers, nebulizers) using the appropriate form (see appendix). The initial plan will be signed by a physician, and reviewed annually by the parent.
* Three copies of this plan will be made. One will go up on the wall of the child’s classroom, one will go in the child’s classroom information binder (which travels with the classroom) and one copy goes in the master binder in the staff room.
* The medication will be stored in accordance with the instructions on the label, out of reach of children in an unlocked container which is accessible to staff.
* The expiry date of these medications will be checked regularly to ensure it has not expired.
* Staff should be aware of the triggers of the allergies and avoidance should always be the first strategy in prevention. Because absolute avoidance of the allergy-causing substance is necessary to avoid future reactions, the child care program will take every necessary precaution in the centre. Some of these will include the elimination of peanuts and peanut products in the centre, reading labels prior to serving or cooking food to children, labelling all children’s food and drink intended for that child, handwashing before and after serving food, ensuring food surfaces are clean, and there are adequate serving utensils to avoid cross contamination, and prohibiting families from bringing in their own snacks and outside food items into the children’s rooms.
* When medications such as inhalers that are given “as needed”, there must be clear instruction as to the signs and symptoms of when the child needs it and how much.
* Children should rinse their mouths with warm water after using an inhaled steroid medication.

**How to use pediatric spacers:**

1. Remove the cap from the mouthpiece of the inhaler and shake the inhaler vigorously.
2. If the inhaler has not been used for a week or more, or it is the first time the child has used the inhaler, spray it into the air before it is used to check that it is working.
3. Attach the mask to the mouth piece of the spacer – if applicable – there may not be a mask on the spacer.
4. Insert the inhaler mouthpiece into the hole in the end of the spacer (the inhaler should fit snugly and without difficulty).
5. Place the mask over the child’s nose and mouth so that it makes a seal with the face – if applicable – if not place the seal over the child’s mouth.
6. Press down on the inhaler canister to spray one puff of medicine into the space.
7. Hold the spacer in place and allow the child to breathe in and out normally for 10 seconds.
8. If you need to give another dose, wait 30 seconds, shake the inhaler again and then repeat steps 4 to 7.
9. Don’t spray more than one puff at a time into the spacer. This makes the droplets in the mist stick together and to the sides of the spacer, so the child actually breathes in a smaller dose.
10. The spacer should be cleaned weekly with warm soapy water and left to drip dry.
11. Using a mask and spacer with a baby can sometimes be tricky. Reassure the baby by cradling them in your arms or on your knee. Gently stroke the baby’s face with the mask so that they get used to it. Talk to the baby and smile – the baby will sense if you are anxious. You can hold the mask over the baby’s nose and mouth to give them a dose while they are sleeping, and babies will also breathe in the medicine while they are crying.

**How to use a metered dose inhaler (without a spacer):**

1. Have the child sit up straight and lift the chin to open the airway.
2. Remove the cap from the mouthpiece and shake the inhaler vigorously.
3. If the inhaler hasn’t been used for a week or more, or it is the first time the child has used it, spray it into the air first to check that it works.
4. Have the child take a few deep breaths and then breathe out gently. Immediately place the mouthpiece in their mouth and put their teeth around it (not in front of it and don’t bite it) and seal their lips around the mouthpiece, holding it between their lips.
5. Have the child start to breathe in slowly and deeply through the mouthpiece. As they breathe in, simultaneously press down on the inhaler canister to release the medicine. One press releases one puff of medicine.
6. Have the child continue to breathe in deeply to ensure the medicine gets into their lungs.
7. They should hold their breath for 10 seconds or as long as they can, breathing out slowly.
8. If the child needs another puff, wait for 30 seconds, shake the inhaler again then repeat steps 4 to 7.
9. Replace the cap on the mouthpiece.
10. The inhaler should be washed about once a week. Remove the metal canister and mouthpiece cap from the case of the inhaler. Wash the case and cap in warm soapy water. Rinse in warm water then leave to dry.

**How to use a nebulizer:**

1. Measure the prescribed amount of medication into the nebulizer container.
2. Put the nebulizer mask over the child’s face.
3. Close the lid and turn on the nebulizer.
4. With the mask in place, have the child begin to breathe the medication mist in and out through their mouth normally.
5. The container on the nebulizer generally holds enough medication for a treatment that lasts for about 10 to 15 minutes.

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# Anaphylaxis Plan

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

An allergic reaction in its most severe form is called anaphylaxis. Reactions can occur generally within minutes or within two hours. The most dangerous symptoms of an allergic reaction involve breathing difficulties caused by swelling of the airways or a drop in blood pressure indicated by dizziness/lightheadedness or feeling faint/weak. Both can lead to death if untreated.

People at risk of a life-threatening allergic reaction should be evaluated by an allergist.

Epinephrine – also known as adrenaline – is the drug form of a hormone that the body produces naturally. Epinephrine is the treatment or drug of choice to treat anaphylaxis and is widely prescribed for those at risk of anaphylaxis. All efforts should be directed toward its immediate use. Individuals at risk of anaphylaxis are instructed to carry it with them at all times when age-appropriate.

**Policy**

Whenever staff are dispensing medication staff will be cognizant of the “five rights of medication”; right person, right medication, right amount, right time and right method.

Each person with a known life-threatening allergy will have an Anaphylaxis Emergency Plan complete with a picture of the individual. This plan should be posted in a conspicuous area in the program. The plan should include the signs and symptoms of anaphylaxis and instructions on when and how to use epinephrine. Copies of such plan will also be placed in the Emergency Contact Binder and in the Master Binder, located in our staff room.

Parents will review the plan annually. Any significant changes to the child’s plan must be redeveloped and signed by a physician.

All staff, students and volunteers will receive training on the Anaphylaxis Protocol policy by the Program Director or designate and each will sign off on the training prior to their first shift. Policies will be reviewed annually thereafter by staff, students and volunteers.

Children who have been prescribed epinephrine must have at least one epinephrine auto-injector with them at all

When a child is admitted with a known life-threatening allergy, staff, students and volunteers will be familiarized with the use of epinephrine auto-injectors as well as where they are kept in the program. Staff, students and volunteers will complete EpiPen® training annually. (Any Auto-Injector that is a generic brand will require alternative training, which will be provided.) This training will occur as part of orientation and annually thereafter.

Any person receiving emergency epinephrine must be transported to hospital immediately for evaluation and observation.

If a child is taken to the hospital the Serious Occurrence procedures will be followed.

**Procedure**

* When a known life-threatening allergy is indicated on the Medical History form, parents will be requested to complete an Anaphylaxis Emergency Plan. This plan will be signed by a physician and reviewed annually by the parent.
* Because absolute avoidance of the allergy-causing substance is necessary to avoid future reactions, the child care program will take every necessary precaution in the centre. Some of these will include the elimination of peanuts and peanut products in the centre, reading labels prior to serving or cooking food to children, labelling all children’s food and drink intended for that child, handwashing before and after serving food, ensuring food surfaces are clean, and there are adequate serving utensils to avoid cross contamination, and prohibiting families from bringing in their own snacks and outside food items into the children’s rooms.
* Parents will be encouraged to have medical identification for their child such as a MedicAlert® bracelet (or necklace, when age appropriate).
* Parents will be responsible for supplying the program with an auto-injector for their child. Parents will consent to the use of the epinephrine using our medication form.
* Auto-injectors must be kept in locations that are easily accessible and ***not*** in locked cupboards or drawers. These locations should be known to all staff members, students and volunteers.
* Auto-injector expiry dates should be checked regularly to ensure that devices are current.
* If the need arises to use the EpiPen® the following steps should be taken:
* Call 911 and seek immediate medical attention
* Remove epipen from its storage tube, remembering, “Blue to the sky, orange to the thigh”.
* Grasp unit with the orange tip pointing downward Form fist around the unit (orange tip down)
* With your other hand, pull off the blue safety release.
* Hold orange tip near outer thigh
* Swing and **jab firmly** into outer thigh until it clicks so that the unit is perpendicular (at a 90o angle) to the thigh. (Auto-injector is designed to work through clothing)
* Hold **firmly against thigh** for approximately 10 seconds. (The injection is now complete. Window on auto-injector will show red)
* Remove unit from thigh and massage injection are for 10 seconds
* Carefully place the used auto-injector (without bending the needle), needle-end first, into the storage tube of the carrying case that provides built-in needle protection after use. Then screw the cap of the storage tube back on completely, and take it with you to the hospital emergency room.
* Complete required documentation.
* The cook in the child care program must be aware of all food exclusions and plan the menu accordingly. Substitutions will be made for all children with food exclusions.
* The cook must carefully read all labels when preparing, ordering and serving foods to avoid a reaction.
* Staff will make the Property Manager aware of bees or stinging insects in the yards.
* If parents wish to bring in treats for special occasions, they may only be commercially prepared, unopened packages with an accompanying ingredient list.
* The Salvation Army Village Day Nursery will remain committed to providing education to our staff, volunteers, students and other families in regards to life-threatening allergies.

***Section Medical Practices***

# Communicable Disease

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

No matter how careful, there will be some infectious illness in any day care. Clear, well-communicated policies avoid the serious outbreak of disease.

Upon intake parents will complete on their medical history form a release of information to the Middlesex-London Health Unit to release communicable disease.

**Policy**

Staff will ensure that a daily observation is made of each child in attendance before the child associates with other children in the childcare program (see Appendix) See Daily Health Assessment Policy.

A child’s illness will be documented on their individual Record of Illness form. When in outbreak, all of the individual records will be amalgamated to one Record of Illness Tracking Sheet for the Middlesex-London Health Unit.

A child who appears to be ill will be separated from other children.

When a child is suspected to be ill, staff will ensure that the parent/guardian of the child takes the child home. In the event that the parent/guardian or emergency contacts can not be reached, and the child needs immediate medical treatment the child will be taken to the hospital, by ambulance or taxi accompanied by a staff depending on the seriousness of the illness. Parents will be asked to keep their child at home until the recovery is complete and the child is no longer infectious.

If there is evidence of unexplained injury or the staff suspects a child has suffered or is likely to suffer abuse the staff must report to the Children’s Aid Society and complete all necessary documentation. (See Incident Reports, Serious Occurrences, Reporting Child Abuse)

If a child is taken to the hospital then the Serious Occurrence procedures will be followed.

**Procedure**

* Staff are trained to look for signs that indicate that a child may be ill. Some of these may be fever (over 101o), unexplained rashes, lethargy, vomiting, diarrhea, and discharge/redness of the eyes.
* As well as a visual observation staff should inquire how the child’s evening was. This conversation may indicate to the staff factors that may affect the child’s day.
* If there is evidence of unexplained injury or the staff suspects a child has suffered or is likely to suffer abuse the staff must report to the Children’s Aid Society and complete all necessary documentation. (See Incident Reports, Serious Occurrences, Reporting Child Abuse)
* Staff will complete a Record of Illness form on any child sent home or returning with an identified illness.
* The Program Director will report any diagnosed communicable disease to the Medical Officer of Health. (A list of reportable diseases can be found in appendix.) The following information will be provided:
* Name of child and parent
* Date of birth
* Address
* Telephone number
* Physician’s name
* Name of hospital if the child is admitted
* Immunization information
* Staff can use the Health and Safety Manual, “Safe Healthy Children” as a reference for themselves and families. The chart listing common childhood conditions the incubation and isolation period can be particularly helpful (see appendix).

***Section Medical Practices***

# Communicable Disease - Diarrhea

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

To provide clear, well-communicated policies regarding communicable disease in order to avoid a serious outbreak.

For purposes of this policy, diarrhea is defined as any change from the child’s normal solid or semi-solid stool to a liquid or semi-liquid state. Diarrhea stools are often more frequent than usual and the child may lose bowel control. If staff is unsure they should ask the Assistant Program Director or Team Leader.

**Policy**

Staff will ensure that a daily observation is made of each child in attendance before the child associates with other children in the childcare program (see Daily Health Assessment Policy)

A child’s illness will be documented on their individual Record of Illness form. When in outbreak, all of the individual records will be amalgamated to one Record of Illness Tracking Sheet for the Middlesex-London Health Unit (see Communicable Disease—Outbreak Control Measures Policy).

A child who appears to be ill will be separated from other children.

If a child has one episode of diarrhea they must be closely watched for other signs of illness. If a child has two episodes of diarrhea the parents must be contacted and advised to take the child home as soon as possible. In most cases the child should be excluded from the program until diarrhea is absent for 24 hours, and the child had a solid bowel movement. (This policy refers to diarrhea when the centre is not in outbreak.)

**Procedure**

* If a child has one episode of diarrhea, watch for other signs of illness for the remainder of the day. If no more diarrhea occurs and the child does not appear to be ill, inform the parents at the end of the day.
* If more diarrhea episodes occur during that day, inform the child’s parents as soon as possible. Request that the child be taken out of the program. Suggest to the parents to keep the child home for 24 hours or until stool is normal. Suggest that the parent take the child to their doctor and request a stool culture if diarrhea persists.
* Frequent diarrhea in a sick looking child with fever, stomach pain or blood in the stool indicates that the child needs immediate medical attention. Inform the parents immediately, asking them to pick up the child and seek medical advice. Exclude the child for 24 hours or until the stool is normal.
* Clean up and disinfect the child’s surroundings, including anything that might have been touched by the child’s stool, as soon as possible after the diarrhea episode. Take special care with the diaper change area and with handwashing. Staff, students and volunteers are to follow universal precautions (see policy).

**INFECTIOUS DIARRHEA**

|  |  |  |
| --- | --- | --- |
| **Disease** | **Spread** | **Contagious Period** |
| CampylobacterSalmonellaYersinia | Found in undercooked or improperly handled food; also spread from person to person on hands. | Exclude until diarrhea is absent for 24 hours. |
| ShigellaVerotoxic E.Coli | Found in undercooked or improperly handled food.Person to person on hands. | Exclude until 2 negative stool cultures are obtained. |
| Giardiasis (parasite) | Common in small children; spreads from person to person on hands, toys, etc. Also found in food and water. | Exclude until diarrhea is absent for 24 hours. |
| Viruses(rota virus, norwalk) | Common in outbreaks; spread from person to person on hands, toys and also sometimes through the air. | Exclude until diarrhea is absent for 48 hours. |

***Section Medical Practices***

# Communicable Disease - Fever

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

To provide clear, well-communicated policies regarding communicable disease in order to minimize the stress for everyone and avoid the serious outbreak of disease.

**Policy**

Staff will ensure that a daily observation is made of each child in attendance before the child associates with other children in the childcare program (see Daily Health Assessment Policy).

A child who appears to be ill will be separated from other children.

The Salvation Army London Village Day Nursery only uses digital under the arm thermometers.

When a child has a temperature of 38.3oC (101oF) when taken under the armpit (and is indicating other signs of being unwell – see Procedures 1.0), parents will be contacted and advised to take the child home as soon as possible. If staff are unsure about contacting the family, staff should consult with the Assistant Program Director or a Team Leader. In the event that the parent/guardian or emergency contacts cannot be reached, and the child needs immediate medical treatment the child will be taken to the hospital or to the child’s family physician. Parents will be asked to keep their child at home until recovery.

If a child is taken to the hospital then the Serious Occurrence procedures will be followed.

**Procedure**

* When deciding whether to check a child’s temperature, caregivers should be guided by signs of being unwell. These signs may include:
* Lethargy or irritability
* Uninterested in playing
* Not eating or drinking as usual
* Appears pale
* Shows obvious signs of pain or discomfort
* Observe the child closely until the parents arrive. While waiting for the parents, offer the child extra fluids and remove most clothing to allow the body to cool. Encourage quiet activity.
* Continue to try and reach the parents or emergency caregiver. If you are unable to reach the parents or emergency caregiver, and the child appears very ill, the child will be taken by ambulance or taxi accompanied by a staff for assessment.
* ***How to Take a Temperature***
* A digital thermometer provides a fast, accurate, safe and easy-to-read alternative to a glass and mercury thermometer.
* Plastic forehead strips are not recommended.
* People not in the health care profession in a day nursery should never take rectal temperatures.
* Place the probe end of thermometer into the child’s armpit and fold his arm across his chest to secure.
* Hold the child still until you hear the beep.
* Read the thermometer.
* Record temperature on the child’s individual tracking sheet.

***Section Medical Practices***

# Communicable Disease – Head Lice

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

To provide clear, well-communicated policies regarding communicable disease in order to avoid serious outbreaks.

Note: Head lice (Pediculosis) is an infestation of the scalp by a tiny parasite. These parasites do not pose a health hazard although they cause uncomfortable itching. They are easily passed from one child to another by direct contact or by contact with personal items.

**Policy**

Staff will ensure that a daily observation is made of each child in attendance before the child associates with other children in the childcare program (see Daily Health Assessment Policy).

Children must be nit free in the childcare program.

**Procedure**

* If you suspect that a child has head lice, examine the scalp carefully; look for the distinctive grayish white nits. Head lice have nothing to do with the cleanliness of a child’s home or hair.
* If you find evidence of head lice in a child in your care, ask the parents to treat him/her before returning the centre. Supply the parents with written and verbal instruction on the treatment and de-infestation of personal articles and environment. If lice is found parents must be notified to pick up their child. Staff should offer to check the parent for lice. All other children must be checked. All bedding will be changed, staff will vacuum the child care program. Staff are encouraged to check one another for lice.
* Educate parents and teachers about recognizing head lice. Ask parents to notify you if they discover that their child has head lice.
* Make sure the children do not use each other’s combs, brushes, hats, scarves, coats, sweaters, or other personal items. Provide individual bedding for the children. Store them separately.
* Have the carpets vacuumed regularly. Clean tumbling mats and other gym equipment regularly.
* If several cases of head lice are reported, you may wish to take special precautions to contain the spread:
* Suspend activities that involve close personal contact or the use of costumes, hats, and wigs.
* Remove “soft” items in the program (i.e. pillows, soft bodied toys).
* Seat children in every other chair around a table if possible.
* Vacuum carpets daily. Monitor close physical groupings carefully.
* If evidence of head lice is found in the program all parents will be informed. Daily head inspections of all children will occur. Parents will be asked to remain with their child until their child is deemed “nit free”.
* Staff should be proactive rather than reactive in dealing with lice. Periodic head check of all the children i.e. weekly may prevent outbreaks.

***Section Medical Practices***

# Communicable Disease – Outbreak Control

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

To provide clear, well-communicated policies regarding communicable disease avoid a serious outbreak of disease.

**Policy**

If 10% of children enrolled in the program is affected by any one illness, this is considered an outbreak and must be reported to the Public Health Unit. The following procedures must be followed.

A child’s illness will be documented on their individual Record of Illness form. When in outbreak, all of the individual records will be amalgamated to one Record of Illness Tracking Sheet for the Middlesex-London Health Unit.

Outbreaks are considered to be Serious Occurrences and must be reported as per the Serious Occurrence Policy.

**Procedure**

* Exclusion of children and staff:

Possible Case (one episode of diarrhea or vomiting)

* Keep child isolated until parents pick them up.
* If NO further diarrhea or vomiting, can return in 24 hours.
* If further diarrhea or vomiting, keep home until 48 hours with NO symptoms.

Definitive Case (two or more episodes of diarrhea OR two or more episodes of vomiting OR one of each)

* Keep child isolated until parents pick them up.
* Keep home until 48 hours with NO symptoms.
* Keep a List:
* Record the name of each ill child and staff, the classroom they are in, the date of onset of their symptoms, and what symptoms they are having.
* The Health Unit will be in contact with you each day to assist you in monitoring the outbreak.
* Handwashing:
* Ensure all staff wash their hands after all diaper changes, after removing gloves, using the washroom, before handling food and frequently throughout the day.
* Wash children’s hands after they use the washroom.
* Environmental Cleaning:
* Ensure that all surfaces are cleaned and sanitized at least daily and when soiled.
* Diaper change surfaces should be cleaned and sanitized after each diaper change.
* Bathrooms should be cleaned at least once a day and more often if possible.
* Toys should be sanitized daily.
* Fuzzy toys/pillows/soft toys should be removed during the outbreak.
* Ideally, only hard sensory items (ie sensory mats, bottles, boards etc.) that can be disinfected daily should be used during outbreaks. If using soft items (ie sand or salt) they must be used individually in/on tray and discarded after the child is finished with it. These type of sensory objects cannot be shared.
* Notification:
* Notify all parents of the outbreak.
* Advise them to contact the childcare program if their child becomes ill and not to bring the child back until 48 hours NO symptoms.
* Bleach sanitizers may be increased to 1000 p.p./million during an outbreak (4tsp. of bleach to 4 cups water or 7 tablespoons of bleach to 20 cups of water.) (See Appendix)

***Section Medical Practices***

# Communicable Disease – Rashes

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

To provide clear, well-communicated policies regarding communicable diseases in order to avoid a serious outbreak.

**Policy**

Staff will ensure that a daily observation is made of each child in attendance before the child associates with other children in the childcare program (See Daily Health Assessment Policy)

A child’s illness will be documented on their individual Record of Illness form.

A child who appears to be ill will be separated from other children.

When a child is suspected to be ill, staff will ensure that the parent/guardian of the child takes the child home. In the event that the parent/guardian or emergency contacts cannot be reached, and the child needs immediate medical treatment the child will be taken to the hospital by taxi or ambulance accompanied by a staff. Parents will be asked to keep their child at home until the recovery is complete and the child is no longer infectious.

**Procedure**

* There are many kinds of rashes in children and most are not caused by infection. When a child is registered, the parent should be asked about chronic or recurrent rashes. This information will be helpful when assessing the child for illness.
* Many infectious rashes are mild and very common. Most are spread by coughing, sneezing, or breathing before the rash is apparent. It is often ineffective to remove the child from the childcare program when the rash becomes apparent because the infection has already been spread.
* When a rash occurs in conjunction with fever, infection is the likely cause.
* If there is a child in the childcare program with childhood cancer, leukemia, or other immune deficiency, notify the parents immediately when infectious rashes occur in other children.
* Children diagnosed with chicken pox do not need to be excluded from the child care program as long as they are not exhibiting other signs of illness, i.e. fever.

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# Communicable Disease – Vomiting

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

To provide clear, well-communicated policies regarding communicable disease in order to avoid a serious outbreak.

**Policy**

Staff will ensure that a daily observation is made of each child in attendance before the child associates with other children in the childcare program (see Daily Health Assessment Policy)

A child’s illness will be documented on their individual Record of Illness form. When in outbreak, all of the individual records will be amalgamated to one Record of Illness Tracking Sheet for the Middlesex-London Health Unit.

A child who appears to be ill will be separated from other children.

When a child is suspected to be ill, staff will ensure that the parent/guardian of the child takes the child home. In the event that the parent/guardian or emergency contacts can not be reached, and the child needs immediate medical treatment the child will be taken to the hospital by taxi or ambulance accompanied by a staff. Parents will be asked to keep their child at home until the recovery is complete and the child is no longer infectious.

**Procedure**

* When a child vomits, separate him/her from the group and watch for other signs of illness.
* If diarrhea or more vomiting occurs, inform the child’s parents as soon as possible. Tell them to keep the child home until he/she has completely recovered.
* If the child appears to have pain in the abdomen, inform the parents immediately. Ask them to pick up the child and seek medical assessment.
* Disinfect the area where the child vomited as soon as possible. Wash hands thoroughly. Follow universal precautions.
* After an episode of vomiting, give the child small drinks of diluted fruit juice or water. Don’t offer solid food or milk.
* If you suspect the child has ingested something poisonous call Poison Control and notify parents, Assistant Program Director, and Program Director.

***Section Medical Practices***

# Daily Health Assessment

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

An important step in preventing the spread of disease or infection is early detection so that children who may be ill can be separated from other children.

**Policy**

The Child Care and Early Years Act, 2014 (36(1)) requires that: Every licensee shall ensure that a daily observation is made of each child receiving child care in each child care centre it operates… before the child begins to associate with other children in order to detect possible symptoms of ill health.

If a staff member suspects that a child is, or may be, in need of protection, they must report this to the local children’s aid society in accordance with section 72 of the *Child and Family Services Act*. (see Child Abuse Policy)

**Procedure**

The staff will look each child over quickly but systematically as they arrive, utilizing the ABC Daily Health Assessment format. Observe A for Appearance, B for Behaviour, and C by Communication.

**A = APPEARANCE**

By general inspection look for any unusual signs and symptoms outside the expected for each child.

* Skin colour pale or flushed
* Rash or skin eruptions
* Runny nose or cough
* Reddened eyes/eye discharge
* Bruises or unusual marks

**B = BEHAVIOUR**

Observe for any variation in the child’s behaviour as it is the best clue In determining a child’s state of health.

* Listlessness or very tired
* Cranky or fussy
* Reluctant to separate from parent
* Crying and irritable

**C = COMMUNICATION**

Ask the parents if there has been any change in the child’s health status since they were last at the centre.

* Has the child slept well?
* Any changes in their usual routine since they last attended?
* Have they had any medication in the last 12 hours?
* Do the parents have any concerns?
* If the childcare program has had a known incident of head lice the parent will be asked to remain until the child’s hair has been checked (see Head Lice policy).
* If a staff member suspects a child has suffered abuse a report will be made (see Child Abuse policy).
* A parent or emergency contact will be called if any health concerns are detected/observed after the parent has left. This may be only to ask some questions or the parent may be required to pick the child up.
* Using the appropriate sign–in sheet staff will mark an “A”, “B”, or “C” for any concerns. A ✓ will indicate there are no health concerns. (see appendix)

***Section Medical Practices***

# First Aid Kit

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

To ensure the safety of the children, employees, students, and volunteers.

**Policy**

The child care facility will have an accessible first aid kit, manual and CPR mask. These will be available in the staff room, and the kitchen.

Each program will be supplied with a supply of first aid essentials such as bandages, antibiotic cream, hydrogen peroxide, cotton swabs/pads, gloves and thermometer.

**Procedure**

* The Day Care Health and Safety Representative or designate will complete an inventory of the first aid kits monthly. Any supplies needed must be reported to the Program Director (see appendix).
* Any injury to an employee must be reported to the Health and Safety Representative and the Program Director. An Employee Injury Report Form and necessary WSIB documentation needs to be completed and sent to the Administrative Assistant.
* Injuries to a child will be documented on an Injury Report Form (Indoor / Outdoor). Parents will be notified immediately of any serious injury to their child. Parents will be notified at pick up time of any minor injuries, sign off, and receive a copy of the report.
* Upon registering, parents will be asked for permission for our staff to administer first aid and to administer any topical first aid creams on their child.
* Day care staff will be trained in First Aid and CPR Level C.
* All staff, students, and volunteers will be made aware of the location of our first aid kits.
* First Aid Kits must accompany the staff on field trips and outdoors in the yard. These can be a smaller version of the indoor first aid kit holding some essential items such as bandages, and gloves.

***Section Medical Practices***

# Immunization

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

Preventative health care includes immunization as deemed appropriate by the local health authority.

**Policy**

Ensure that each child is immunized prior to entering the day care. Children enrolled in our School Age Program are not required to provide their immunization information.

There may be medical or philosophical reasons for not immunizing children. In these cases, a letter from the child’s doctor stating the reason for exemption or a statement from the parent indicating religious or philosophical objection is required and should be filed with the child’s health records. (Statement of Conscience or Religious Belief Affidavit)

The child care centre will submit a child’s immunization to the Middlesex London Health Unit upon enrollment. It is the responsibility of the parent to ensure that their child’s records are up to date. Families will be refused care without complete records or affidavit for not immunizing.

**Procedure**

* Parents are to complete an immunization form supplied by the health unit. Include the immunization history with dates for all children. The preferred method is for each parent to supply the child care centre with a photocopy of the child’s immunization card, or an immunization report from the child’s physician.
* If a child’s immunization status is inadequate, the parent will be informed by using a Public Health Unit reminder form or an internal reminder form. The form will be collected from the child’s parent and the updated status recorded.
* Immunization records must be updated regularly and Immunization Report form as necessary throughout the remainder of the year.
* Although the Middlesex-London Health Unit will monitor immunization status, it is the responsibility of the program to ensure that immunization records are accurate at the time of entry and are kept up-to-date. Therefore, bi-annually, in March and October, the child care will update any delinquent files. The roster will be sent to the Middlesex London Health Unit for their perusal.
* The scheduled immunization record is as follows:

|  |  |
| --- | --- |
| **Age to Receive Vaccine** | **Recommended Routine Vaccines** |
| 2 months | **Pediacel** (Tetanus, diphtheria, pertussis and inactivated poliovirus vaccine + Act-HIB)**Prevnar 13** (Pneumococcal conjugate vaccine) |
| 4 months | **Pediacel** (Tetanus, diphtheria, pertussis and inactivated poliovirus vaccine + Act-HIB)**Prevnar 13** (Pneumococcal conjugate vaccine) |
| 6 months | **Pediacel** (Tetanus, diphtheria, pertussis and inactivated poliovirus vaccine + Act-HIB) |
| 12 months | **Meningococcal C conjugate** vaccine**MMR** (Measles, Mumps, Rubella)**Prevnar 13** (Pneumococcal conjugate vaccine) |
| 15 months | **Varicella** (Chickenpox vaccine) |
| 18 months | **Pediacel** (Tetanus, diphtheria, pertussis and inactivated poliovirus vaccine + Act-HIB) |
| 4-6 years | **Quadracel** (Diphtheria, tetanus, pertussis, polio)**MMRV** (Combined measles, mumps, rubella and chickenpox) |

\*Rotarix vaccine (rotavirus) is recommended but not required for children attending day care.

***Section Medical Practices***

# Individualized Plans For Children With Medical Needs

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

An individualized plan for each child with medical needs ensures that staff, students and volunteers will take all the necessary steps to support the child’s medical needs and ensures inclusion for the child in the program.

These plans support the child’s ability to participate in the program and provides staff with all necessary information to deal with any medical situation pertaining to the child.

***Definition***

A child with medical needs is defined as a child who has one or more chronic or acute medical conditions and he or she requires additional supports or accommodations.

**Policy**

There must be an individualized plan on file for each child with one or more chronic or acute medical conditions that require additional supports or accommodations.

An individualized medical plan must be developed in consultation with the parent of the child and any regulated professional involved in the child’s care who the parent believes should be consulted.

The child’s medical history, including diagnosis should remain confidential. Sensitive or confidential medical information and detailed reports from medical professionals should not be included in the plan unless consent, in writing, has been given by the parent.

An individualized plan for a child with an anaphylactic allergy does not need to be developed if there is an anaphylaxis plan in place and the child does not have any other medical needs.

Individualized medical plans must be reviewed annually by a parent or more frequently if there are significant changes to the plan.

Families will review their child’s plan annually. If there are significant changes a new plan will be developed.

**Procedure**

1. An individualized plan must include:
2. Steps to be followed to reduce the risk of the child being exposed to any causative agents or situations that may exacerbate a medical condition or cause an allergic reaction or other medical emergency;
3. A description of any medical devices used by the child and any instructions related to its use;
4. A description of the procedures to be followed in the event of an allergic reaction or other medical emergency;
5. A description of the supports that will be made available to the child in the child care centre; and
6. Any additional procedures to be followed when a child with a medical condition is part of an evacuation or participating in an off-site field trip.

***Section Medical Practices***

# Medication Administration

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

Childcare agencies are one of a few professions that allow “untrained” staff to administer medication to vulnerable people. The definition of “untrained” in this instance, would be staff with no pharmaceutical training. While the staff in our childcare program provide care for the individual child, we are responsible for the group. Therefore, it is also the responsibility of the agency to provide clear and specific guidelines for the use of medication in our childcare program.

**Policy**

Whenever staff are dispensing medication staff will be cognizant of the “five rights of medication”; right person, right medication, right amount, right time and right method.

Medications will only be given with written instructions from the physician (either a prescription label or note). The exception is Acetaminophen (see Medical Practices – Medication Administration – Acetaminophen Policy).

Medication records will be maintained for three years after the date of withdrawal.

Medication errors are considered Serious Occurrences. All procedures dealing with Serious Occurrences will be followed.

**Procedure**

* Medication must be in original container, clearly labeled with the child’s name; name of drug; dosage to be given; date of purchase, expiration date (where applicable) and instructions for storage and administration of drug. Parents/guardians will be asked to supply the childcare program with the Information Sheet provided by the pharmacy.
* Medication must be stored as directed and kept in a locked container. Medications for life threatening conditions, such as asthma or anaphylaxis, will be stored out of reach of children but readily available. These medications must follow the child (i.e. taken outside).
* One staff, or a specific shift in each program,(but not employees in a relief capacity) will be designated to administer medications in accordance with all procedures (with the exception of emergency medication for asthma or anaphylaxis).
* Written authorization for prescription medication(see appendix) will be completed by the parent/guardian including:
* Name of prescribing physician and phone number
* Time(s) of dosage
* Dosage
* Time(s) of dosages at home
* Any reactions to the medication
* Date medication prescribed
* Name of illness
* Name of medication
* Date of last dosage at childcare program
* Parent’s permission and signature
* Written entry will be completed by the staff to include:
* Date, time and dosage medication was administered and staff signature and initials
* Each staff who administers medication must verify his/her initials with their signature on the form
* Any comments from staff (how child prefers to take medication)
* Any side effects
* Description of side effects
* Action taken
* Whenever possible, parents should be encouraged to give any prescription medication to their children at home, if this can be done without affecting the treatment schedule. Parents should inform the childcare program of any medication their child is on outside of the childcare program.
* Leftover or surplus medication should be returned in the original container to the parent/guardian or discarded with parental permission.
* Non-prescription topical medications such as Vicks Mentholatum Rub, Ambesol (or other oral gels) will not be used. The childcare program will apply sunscreens, calamine lotion and/or diaper medicated creams. First aid ointments (i.e. Polysporin) will be applied in an emergency. Parents permission for these will be requested upon registering their child.
* If a parent brings in a non prescription cream for a specified amount of time (ie 5 days), then the parent must fill out a Non Prescription Medication Form.
* Written authorization for non prescriptive medication (see appendix) will be completed by the parent/guardian including:
* Time(s) of dosage
* Dosage
* Time(s) of dosages at home
* Any reactions to the topical item
* Reason for applying topical item
* Name of topical item
* Date of last dosage at childcare program
* Parent’s permission and signature
* Written entry will be completed by the staff to include:
* Date, time and dosage topical item was administered and staff signature and initials
* Each staff who administers topical item must verify his/her initials with their signature on the form
* Any comments (including side effects)
* Notify the parent if any error is made in the administration of medication.
* The following is a guideline of what is regarded as a medication error:
* Failure to administer prescribed medication
* Failure to administer prescribed medication at the designated time
* Failure to administer correct dosage of medication
* The administration of any medication not prescribed for that particular child
* Failure to sign-off medication which has been given to a child
* Disciplinary action to be taken in instances of medication error: A Incident Report (see Appendix) must be completed and reviewed with the staff involved. Recommendations will be made by the Program Director or the Executive Director based on the severity and frequency of error(s). The discipline will be progressive from written warnings up to and including dismissal. The staff member will be asked to read the medication policy and may be required to review this with the Program Director or be shadowed by another staff member prior to administering medications independently.

***Section Medical Practices***

# Medication Administration - Acetaminophen

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

To outline The Salvation Army London Village Day Nursery’s policy on the use of acetaminophen in the childcare program. Children who are not exhibiting signs of wellness and/or have a fever should not be in our care.

**Policy**

Whenever staff are dispensing medication staff will be cognizant of the “five rights of medication”; right person, right medication, right amount, right time and right method.

The Salvation Army London Village Day Nursery will administer only prescription medication. Acetaminophen will lower fevers but may also mask the signs or symptoms of a more serious illness/infection. This is why we encourage families to have the child seen by a doctor.

Acetaminophen will only be given if it is being used in conjunction with another prescription medication and/or children with proven febrile seizures. Parents will also have a Seizure Alert Form completed by a physician with clear directions listed for the staff.

Parents are responsible for providing their own acetaminophen.

**Procedure**

* At the time of enrollment, parents will be advised of the policy to only administer acetaminophen if it is being used in conjunction with another prescription medication. Parents should be asked to ensure that the childcare program has up-to-date telephone numbers to contact the parents and emergency caregivers.
* Acetaminophen is never given in an “as needed” basis. Children with febrile seizures will have a completed Seizure Plan with clear instructions as to what temperature the child reaches and how much to administer.
* Whenever possible, parents should administer acetaminophen themselves.

***Section Medical Practices***

**Medication Administration – Special Considerations**

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

There may be times when children are registered into The Salvation Army London Village Day Nursery with special medication conditions. Because Early Childhood Education is not considered to be a health profession, it is necessary to have in place the practices to ensure the safety of children and staff.

**Policy**

Parents whose children have additional medical considerations will be required to develop a personal protocol with the staff and/or Program Director.

If a child is taken to the hospital then the Serious Occurrence procedures will be followed.

**Procedure**

* Upon enrollment, families/guardians will complete medical information and protocol specific to their child. This would include the administration of specific medications or medical procedures not included in the Regulated Health Professions Act – controlled acts.
* When necessary a photo of the child will be posted in the childcare program listing the necessary protocol for that child.
* If one of the protocols for the child is considered “a specific routine activity of living” (under the controlled acts) then, and only then, would the Program Director in consultation with the Executive Director consider those procedures.
* In most cases the emergency medical protocol will be the same for all children. The parent/guardian will be contacted and the child will be transported in the most expedient manner to a hospital.
* The staff will receive proper education on any specific medical condition and treatment as required.
* The Salvation Army London Village Day Nursery will attempt in all instances to sustain life. Families with “**D**o **N**ot **R**esuscitate” wishes for their child will need to express these to the medical facility directly. We will not act as a third party of Do Not Resuscitate orders.

***Section Medical Practices***

# Medication Administration – Special Considerations - Seizures

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

There may be times when children are registered into the Child Care Program with special medication conditions. Because Early Childhood Education is not considered to be a health profession, it is necessary to have in place the practices to ensure the safety of children and staff.

**Policy**

Whenever staff are dispensing medication staff will be cognizant of the “five rights of medication”; right person, right medication, right amount, right time and right method.

Parents whose children have additional medical considerations will be required to develop a personal protocol with the staff and/or Program Director. (Seizure Alert Form). Parents will review the plan annually. Any significant changes to the child’s plan must be redeveloped and signed by a physician. Copies of such plan will also be placed in the Emergency Contact Binder and in the Master Binder, located in our staff room.

All staff, students and volunteers will receive training on each individual plan by the Program Director or designate and each will sign off on the training. This will occur upon hire, at the beginning of a volunteer/student placement and annually thereafter.

Any medication required for a child’s seizures will be locked in the medicine cupboard.

If the child is taken to the hospital the Serious Occurrence procedures will be followed.

**Procedure**

* Prior to accessing the program, parents/guardians will provide details specific to seizures on the Seizure Alert Form (see appendix) and develop any required protocols **specific** to their child.
* The protocols may include: prescribed medication, any aura’s or predicting signs or symptoms of the seizure, what type of seizure, general length of the seizure, emergency plan (i.e. hospital, call to parent, medication to give).
* A plan will be posted in the program for that child. The child’s picture will be posted on the plan and the plan will be signed by a doctor. A copy of the plan will be in the Master Binder in the staff room. This plan will be reviewed annually with staff, students and volunteers.
* The child will be supervised closely throughout his/her day, especially during any and all water activities.
* In the event of a seizure the following steps should be taken:
* Stay with the person and remain calm – do not restrain the child, let the seizure take its course.
* Protect the person from injury – move hard or sharp objects away, place something soft and small (such as a sweater) under the head, loosen tight clothing especially at the neck.
* Don’t put anything in the person’s mouth.
* Roll the person onto their side as soon as possible to allow saliva and other fluids to drain away.
* Observe carefully – note time of seizure and its duration, different movements or behaviours.
* If a seizure goes longer than 5 minutes or repeats without full recovery staff must do one of the following:
	+ Administer medications if prescribed and outlined in the participant’s personal seizure protocol (as applicable)
	+ Call the family
	+ Call 911 to seek medical attention
* When the seizure is over, comfort and reassure the person and stay with them until they become reoriented.
* Complete the required documentation.
* If program staff have had to call 911 the parent/guardian will be contacted and asked to meet the staff at the hospital. If staff is unable to reach the parent/guardian they will attempt to reach the emergency contact.

***Section Medical Practices***

# Universal Precautions

**Approved Date: February 10, 2003**

**Review Date: November 2016**

**Purpose**

To provide a guideline to protect employees when cleaning up blood and/or body fluids (saliva, feces, nasal and eye discharges, blister fluid, urine and vomit).

Note: Universal precautions protect you by stopping the spread of blood-borne diseases. Universal precautions assume that blood and body fluids of all individuals may carry diseases such as Human Immunodeficiency Virus (HIV) and Hepatitis B Virus.

**Policy**

Staff will wear personal protective devices (i.e. gloves, protective eye glasses, masks) and wash their hands when they have contact with blood and/or body fluids which contain visible blood and after removing gloves. Further, staff will be aware of and comply to all procedures concerning the clean up of blood and/or body fluids which contain visible blood.

**Procedure**

* When in contact with blood and/or other body fluids which contain visible blood, wear gloves and wash your hands. Hands should be washed with soap and water as soon as possible after touching blood or body fluids or after taking off your gloves.
* For cleaning spills:
* Put on gloves
* Wipe up the blood or body fluid with a paper towel
* Wash the area with soap and water
* Wipe the area with a fresh solution of disinfectant
* Allow to air dry
* Place soiled gloves, towels, and other equipment in a plastic bag
* Place the bag into a second plastic bag
* Place bags in the garbage
* To minimize your exposure during emergency CPR mouth pieces or other resuscitation devices will be provided. Resuscitation devices will be a disposable type and available in every first aid kit.
* If you are exposed to blood or body fluids through a break in your skin notify your Assistant Program Director or the Program Director immediately. The Middlesex-London Health Unit will be contacted for further direction and information.
* In the case that sharps (i.e. needles) are used in the childcare program, the following procedures must take place:
* Caution must be used at all times.
* Gloves must be worn.
* Hold the sharp away from you.
* Do not recap, clip, bend, or break syringes or needles ready for disposal.
* Sharps must be placed in a hard plastic shell container or metal tin can with a tight fitting lid. Lids can be reinforced with tape. The container should be clearly marked. Once a week, this container will be placed in a polyethylene bag and tied. This bag will be given to the parent for disposal.