

POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundice skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes (with or without fever or behavior changes)
- Skin lesions that are weeping or bleeding
- Mouth sores
- Stiff neck

Once the child is symptom-free, or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center unless contraindicated by local health department or Department of Health.

EXCLUDABLE COMMUNICABLE DISEASES

A child or staff member who contracts an excludable communicable disease **may not** return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others. These diseases include respiratory, gastrointestinal, and contact illnesses such as Impetigo, Lice, Scabies, and Shingles.

Note: If a child has chicken pox, a health care provider's note is not required for re-admitting the child to the center. A note from the parent is required stating either that at least six days has elapsed since the onset of the rash, or that all sores have dried and crusted.

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

COMMUNICABLE DISEASE REPORTING GUIDELINES

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found at http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf.

POLICY AND PROCEDURE FOR THE ADMINISTRATION OF MEDICATION

GUIDING PRINCIPLES and PROCEDURES:

1. Whenever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receive medication prior to going to child care, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.
2. The first dose of any medication should always be given at home and with sufficient time before the child returns to child care to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to child care. This is for the protection of the child who is ill as well as the other children in child care.
3. Medication will only be given when ordered by the child's health care provider and with written consent of the child's parent/legal guardian. A "Permission to Give Medication in Child Care" form is attached to this policy and will hereafter be referred to as Permission Form. All information on the Permission Form must be completed before the medication can be given. Copies of this form can be duplicated or requested from the child care provider.
4. "As needed" medications may be given only when the child's health care provider completes a Permission Form that lists specific reasons and times when such medication can be given.
5. Medications given in the Center will be administered by a staff member designated by the Center Director and will have been informed of the child's health needs related to the medication and will have had training in the safe administration of medication.
6. Any prescription or over-the-counter medication brought to the child care center must be specific to the child who is to receive the medication, in its original container, have a child resistant safety cap, and be labeled with the appropriate information as follows:
 - Prescription medication must have the original pharmacist label that includes the pharmacist's phone number, the child's full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, 10/11/2007 its administration and/or storage. It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use in child care.
 - Over-the-counter (OTC) medication must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency, and any special instructions for administration and storage, and expiration date must be clearly visible.
 - Any OTC without instructions for administration specific to the age of the child receiving the medication must have a completed Permission Form from the health care provider prior to being given in the child care center.
7. Examples of over-the-counter medications that may be given include:
 - Antihistamines
 - Decongestants
 - Non-aspirin fever reducers/pain relievers
 - Cough suppressants
 - Topical ointments, such as diaper cream or sunscreen
8. All medications will be stored:
 - Inaccessible to children
 - Separate from staff or household medications

- Under proper temperature control
- A small lock box will be used in the refrigerator to hold medications requiring refrigeration.

9. For the child who receives a particular medication on a long-term daily basis, the staff will advise the parent/guardian one week prior to the medication needing to be refilled so that needed doses of medication are not missed.

10. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child

11. Records of all medication given to a child are completed in ink and are signed by the staff designated to give the medication. These records are maintained in the Center. Samples of the forms used are attached to this policy and include:

- Permission to Give Medication in Child Care
- Universal Child Health Record
- Emergency Contact Sheet 9 Medication Administration Log
- Medication Incident/Error Report

12. Information exchange between the parent/guardian and child care provider about medication that a child is receiving should be shared when the child is brought to and pick-up from the Center. Parents/guardians should share with the staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the center to the parent/guardian.

13. Confidentiality related to medications and their administration will be safeguarded by the Center Director and staff. Parents/guardians may request to see/review their child’s medication records maintained at the Center at any time.

14. Parent/guardian will sign all necessary medication related forms that require their signature, and particularly in the case of the emergency contact form, will update the information as necessary to safeguard the health and safety of their child.

15. Parent/guardian will authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about the medication the child is receiving, and will also authorize the health care provider to speak with the Director or Director’s designee in the event that a situation arises that requires immediate attention to the child’s health and safety particularly if the parent/guardian cannot be reached.

16. Parent/guardian will read and have an opportunity to discuss the content of this policy with the Director or Director’s designee. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child. Parent/guardian will receive a copy of the signed policy including single copies of the records referenced in this policy.

17. The Medication Administration in Child Care Policy will be reviewed annually by the following:

Child Care Director _____ Licensing Consultant _____

Parent/guardian _____ Other(specify) _____

Effective date of this policy _____

Parent/legal guardian Signature(s) _____ Date _____

Center Director/Designee Signature _____ Date _____

PERMISSION TO ADMINISTER MEDICATION IN CHILD CARE

(Please use one form per medication.)

The following information is to be completed by the child's health care provider:

Child's name: _____ Birthdate: _____ Weight: _____

Medication Name: _____ Allergies: _____
 (Include food and/or medication allergies)

Purpose of medication: _____

Refrigeration necessary: _____ yes _____ no

Dosage amount: _____

Times medication is to be administered: _____

Special instructions: _____

Possible side effects: _____

Medication start date: _____ End date _____

Signature of Health Care Provider _____ Phone number _____ Date _____

The following is to be completed by the parent or guardian: I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the Child Care Director designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine. I authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director or the Director's Designee to contact the health care provider regarding my child's health, if necessary.

Signature of Parent or Guardian _____ Date _____

For Center Use:			
<input type="checkbox"/> Is form complete <input type="checkbox"/> Has medication been made inaccessible to children <input type="checkbox"/> Is medication in original container with prescription label intact <input type="checkbox"/> Is child's name on container <input type="checkbox"/> Is date of prescription current <input type="checkbox"/> Is name of drug/procedure, dose, and schedule on the label same as the instructions given on this form			
Date Administered	Time Administered	Side Effects Observed	Staff Initials

