



ABOUT IC3'S HEALTH POLICY

Our health policy is designed to provide a healthy environment for the children in our care as well as for our employees. We recognize the work responsibilities of parents and the conflicts which arise when an ill child must stay home. However, IC3 strives to control the spread of illness to the extent possible by ensuring that neither children nor employees are needlessly exposed to illness. To ensure a healthy group care environment, a partnership between parents and staff is necessary. Staff practice proper hand washing and equipment disinfectant procedures to minimize the spread of illness in the classrooms and are alert to the symptoms of illness. Parents play a key role in minimizing illness and maintaining a healthy environment for all of the children by keeping their child out of the Center when the child's health is questionable or when the teachers believe it is necessary due to health concerns in the room.

RESOURCES

IC3's health policy is based primarily on the 1994 Red Book (Part 2: "Recommendations for Care of Children in Day Care") published by the American Academy of Pediatrics. This section is based on the recommendations formulated by a joint committee of the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) "Caring for our Children" book and video series. These are available to parents for review.

WHEN WILL CHILDREN BE SENT HOME?

The decision to send a child home is based on the symptoms a child is showing (see the following) and especially on how the child is acting. Behavior is the key indicator of a child's health. **A child who is unable to participate in normal group activities will be sent home.** Although a mildly ill child may seem well at home, that same child may be unable to handle the stimulation of the group care setting and will be sent home.

A child will be sent home if any of the following are present:

- Child is unable to participate comfortably in group care
- Child requires a greater care need than the staff can provide without compromising the health and safety of the other children in the classroom
- Child shows signs of possible severe illness:
 - Lethargy
 - Irritability
 - Persistent Crying
 - Difficulty Breathing
- Child has a fever, which is defined as follows:
 - *Infants under 4 months: Rectal/ear temp $\geq 101.0^{\circ}F$*
 - *Children over 4 months: Rectal/ear temp $\geq 101.4^{\circ}F$*
Auxiliary ≥ 100.4

Because fevers are an important indicator of illness, children with a rectal/ear temperature of $101.4^{\circ}F$ or higher will be sent home and must remain out of group care until the fever has been gone for at least 24 hours (without Tylenol® or other fever-reducing medication).

During the course of an identified outbreak of any communicable illness (such as Rotavirus, for example) at the Center, a child may be sent (or kept) home if s/he is determined to be contributing to the transmission of the illness at the program. The child may be readmitted when the risk of transmission is no longer present.

For Secondary Infections (such as Ear Infections): a child may return to group care ONLY if the child has been diagnosed by a physician as safe (for the child and the other children in the classroom) to return to group care AND:

- There is no fever present without Tylenol (no 24-hour waiting period required) AND

- Child is well enough to participate in group care

Pre-Existing Conditions: If a child is showing symptoms of illness, it will be assumed the symptoms are caused by illness unless we have written documentation in the child's file that suggests another reason for the symptoms (such as gastro esophageal reflux (vomiting due to a physical problem with the esophagus and stomach) or diarrhea associated with lactose (milk) intolerance).

WHEN A CHILD IS SENT HOME

Teachers will notify the parents immediately when a child is ill. If the regular teachers are not available and a substitute teacher or assistant believes a child is ill, a member of the Core Leadership Team will determine if the child should be sent home. A member of the Core Leadership Team will also notify the parents. A child should be picked up within one hour of receiving a call from the Center. If a parent cannot be reached or has not arrived within an hour, the emergency contacts will be notified to pick up the child. In cases where parents and teachers are in disagreement regarding the child's health, a member of the Core Leadership Team will clarify the Center health policies and assist in making the decision.

Each time a child is sent home, the parents will receive a SYMPTOM SHEET, on which the teachers note the symptoms the child is showing. The child is to remain out of group care until:

Fever-free AND the doctor has stated in writing that it is safe for that child and for the other children in the room if the child returns.

OR

Symptom-free for at least 24 hours.

Whenever a child's health is questionable, the parents will be notified and asked to be "on call" in case the child needs to be sent home.

GIVING MEDICATIONS AT THE CENTER

All medicines should be stored and dispensed at the front desk by a teacher or a Core Leadership Team member. The only exception is for infants who can have medicines stored and dispensed in the Infant Kitchen. No medicines should be stored in the classroom at any time. Medicines requiring refrigeration may be stored in the Staff Lounge or the Infant Kitchen refrigerator in a separate box. Non-medications such as sunscreen, Orajel, and Desitin may be kept in the classroom and should always be labeled with the appropriate child's name. Always note any allergies other children may have for these items, such as to lanolin.

Prescription Medications

Once a doctor diagnoses a child as safe to return to group care, IC3 staff will dispense the child's prescription medication only if:

- The Prescription Medication consent form is completed and signed by the child's doctor and the parent/guardian
- The medication is in its original container.

Over-the-Counter Medicines

At the parent's request, the staff of IC3 will administer certain over-the-counter medications for no more than 3 consecutive days within any given week if all of the following conditions are met:

- Child has been given the medication on a prior occasion;
- Medicine is on the approved list (see the following chart);
- The over-the-counter medication consent form is completed and signed by the parent;
- Medicine is in its original container and clearly labeled with the child's name;
- Dosage conforms to the American Academy of Pediatrics' guidelines for the child's age/weight.

Dosage will be verified by the administrator on site. Medications will not be stored at the Center but must be supplied by the parents as needed.

IC3 Reserves the right to refuse to dispense any medication.

NOTE: Comparable store brands or generic equivalents may also be used. IC3 does not recommend/condone any particular brand name but common brand names are listed here as they are more readily known.

<u>Common Over-the-Counter Brand Name(s)</u>	<u>Active Ingredient(s)</u>	<u>Use</u>
Robitussin Expectorant	<u>Per teaspoon:</u> Guaifenesin (100 mg)	Expectorant
Robitussin CF	<u>Per Teaspoon:</u> Guaifenesin (100 mg) Phenylpropanolmine Hydrochloride (12.5 mg) Dextromethoraphan (10 mg)	Expectorant Antihistamine
Robitussin DM	<u>Per Teaspoon:</u> Guaifenesin (100 mg) Dextromethoraphan (10 mg)	Expectorant Cough Suppressant
Robitussin PE	<u>Per Teaspoon:</u> Guaifenesin (100 mg) Pseudoephedrine Hydrochloride (30 mg)	Exoectorant Decongestant (no cough suppressant)
Vicks Pediatric Cough & Cold Pediacare	<u>Per Tablespoon:</u> Dextromethoraphan (15 mg) Pseudoephedrine Hydrochloride (30 mg) Chlorepheneramine Maleate 2	Cough Suppressant Decongestant Antihistamine
Dimetapp Elixir	<u>Per Teaspoon:</u> Brompheniramine Maleate (2 mg) Phenylpropanoliamine Hydrochloride (12.5 mg)	Nasal Decongestant Antihistamine
Benedryl Elixir	<u>Per Teaspoon:</u> Diphanhydramine Hydrochloride (12.5 mg)	Antihistamine Allergy Relief
Children's Sudafed	<u>Per Teaspoon:</u> Pseudoephedrine Hydrochloride (30 mg)	Decongestant
Baby Orajel/Baby Anbesol	Benzocaine (7.5%)	Anesthetic Teething Pain Relief
Calamine Lotion	Calamine Zinc Oxide	Topical Relief of Itching and Skin Irritation
Neosporin	Polymyxin B Sulfate (10,000 unites) Bacitracin Zinc (500 unites) Neomycin (3.5 mg)	Prevention of Infection in Minor Cuts, Scrapes, Burns
Tylenol	Acetaminophen	Pain Relief Fever Reducer

* - Caladryl lotion, which contains antihistamine, requires a doctor's consent.

** - We will not give Tylenol (acetaminophen) for discomfort as a result of: immunization, injury, or teething.

We will not give fever-reducing medication (such as Tylenol) if there is the possibility that the fever is caused by illness.

If you have questions concerning IC3's Health Policy or feel it is not being followed to your satisfaction, please speak to a member of the Core Leadership Team.

Undiagnosed Symptoms of Illness	Fever, vomiting (2 or more times in 24 hours), diarrhea (2 or more times in 24 hours), rash which is accompanied by other symptoms of illness: increased irritability, decreased appetite, decreased activity, constant need of one-on-one adult attention	<ul style="list-style-type: none"> • Symptom-free AND • Fever-free (without Tylenol or other fever-reducing medication for at least 24 hours)
Bronchiolitis	Fever, wheezing/rattling sounds in throat or chest, labored breathing, persistent cough, upper respiratory symptoms	<ul style="list-style-type: none"> • Symptom-free (without Tylenol or other fever-reducing medication) for at least 24 hours
Bronchitis	Persistent cough, wheezy/rattling sounds in throat or chest, tiredness, decreased appetite	<ul style="list-style-type: none"> • Symptom-free AND fever-free (without Tylenol or other fever-reducing medication) for at least 24 hours • On antibiotic medication for at least 24 hours
Chicken Pox	Characteristic rash/blisters, fever, headache, tiredness, decreased appetite	<ul style="list-style-type: none"> • All blisters have dried and crusted or 7 days after first blisters appear (whichever comes first) • Fever-free (without Tylenol or other fever-reducing medication) for at least 24 hours
Conjunctivitis (Pink Eye)	Red, weepy eye(s) or eye(s) with pus or discharge, matted eyelids after sleep, intolerance to light, eye pain	<ul style="list-style-type: none"> • On antibiotic treatment for at least 24 hours AND • Shows no other symptoms
Croup	Barking/croaking cough, labored breathing, wheezing, sore throat, other respiratory symptoms	<ul style="list-style-type: none"> • Symptom-free and fever-free (without Tylenol or other fever-reducing medication) for at least 24 hours
Diarrhea	2 or more loose or watery stools that are not able to be contained in a diaper or toilet OR loose/watery stools that <u>are</u> able to be contained but accompanied by fever, abdominal pain, vomiting, or other symptoms of illness	<ul style="list-style-type: none"> • Stools are completely contained within diaper/toilet (no leakage) AND • There have been no accompanying symptoms for at least 24 hours <p>NOTE: <u>Rotavirus</u> is an intestinal virus that is potentially dangerous for younger children. During an identified outbreak of Rotavirus in the classroom, IC3 will consult the Health Dept. and reserves the right to enforce more stringent guidelines for excluding any/all children who exhibit the symptoms of Rotavirus (diarrhea, accompanied by fever, vomiting, or abdominal pain).</p>
Giardiasis	Diarrhea not able to be contained in diaper or toilet, abdominal pain, pain	<ul style="list-style-type: none"> • Stools are <u>completely</u> contained within diaper/toilet (no leakage) AND • There have been no accompanying symptoms for at least 24 hours
Hand, Foot, Mouth Disease	Fever, blisters in mouth, on palms of hands and/or soles of feet, decreased appetite	<ul style="list-style-type: none"> • Fever-free (without Tylenol or other fever-reducing medication) for at least 24 hours • Eating normally
Head Lice	Nits or lice visible on scalp	<ul style="list-style-type: none"> • On the morning after the first treatment provided there are no nits or lice found
Hepatitis A (Notify Health Dept.)	Known contact with infected person, jaundice, nausea (in preschool children there are often no visible symptoms)	<ul style="list-style-type: none"> • 1 week after the onset of illness or jaundice (if symptoms are mild) OR • Immune globulin has been administered to children and staff in the program as per Health Dept.

Impetigo	Blisters or encrusted sores (usually begin near nose or mouth), sores on hands/arms, sores on feet/legs	<ul style="list-style-type: none"> • Sores are no longer blistering, oozing, or crusting OR • On antibiotics for at least 24 hours
Pinworms	Anal or vaginal itching/discomfort, pinworms found	<ul style="list-style-type: none"> • On anti-pinworm medication for at least 24 hours
Ringworm	Circular, ring-shaped patch on skin, round patches on hair loss	<ul style="list-style-type: none"> • Once treatment has been started
Scarlet Fever	Fever, rash, sore throat, headache, chills, stomach pain, weakness, listlessness, nausea, vomiting 2 or more times in 24 hours	<ul style="list-style-type: none"> • On antibiotics for at least 24 hours AND • Fever-free (without Tylenol or other fever-reducing medication) for at least 24 hours
Strep	Fever, sore throat, headache, listlessness, nausea, vomiting 2 or more times in 24 hours	<ul style="list-style-type: none"> • On antibiotics for at least 24 hours AND • Fever-free (without Tylenol or other fever-reducing medication) for at least 24 hours
Upper Respiratory Infection	Fever, labored breathing, coughing, runny nose	<ul style="list-style-type: none"> • Symptom-free AND • Fever-free (without Tylenol or other fever-reducing medication) for at least 24 hours

- (1) These guidelines also apply to the employees of IC3.
- (2) A child's behavior is a key factor in determining whether the child may return to group care. If a child is unable to participate in normal group activities or prevents the caregivers from providing appropriated care for the other children in the classroom, IC3 reserves the right to require a child to remain out of the group environment, regardless of a doctor's diagnosis.
- (3) "Symptom-free" refers to those symptoms highlighted in bold face print in column two for which a child may be sent or kept home.

Staff and Health Policies

Describe your staff's health policies and the procedures that have been implemented to oversee the health of those staff caring for children and preparing food.

All staff must have a current physical and TB test no older than 2 years in order to begin work. The dates of the physical and TB test are our personal data base and 2-3 months before they expire a warning is given that this needs to be renewed. The Program director is responsible for maintaining this data base along with insuring the staff are in compliance. Staff must adhere to the same policies that apply to the children in the center. These policies are outlined in IC3's Health policy handbook. Staff are provided paid sick leave and therefore exclude themselves from they program when they feeling ill. Also, since our staff operate in co-teaching teams, co-workers evaluate the health and performance ability of their co-workers. Staff are also trained in proper hand washing for the prevention of spreading of germs.

Staff Training

A large majority of IC3 teachers are trained in first aid and or CPR. The goal of the Ithaca Community Childcare Center is to have one teacher from each classroom be MAT certified and to also have three administrators be MAT certified. These trainings will be listed in our personnel data base and reminders will be give to staff several months before the expiration of their certification in order to renew. The Program director will be responsible for monitoring this and ensuring that the appropriate number of staff are current on their certification. Staff are trained on IC3's health policy which includes exclusion of children from care, infection control and communicable disease, and the emotional and physical care needs of ill children. We also have the have on site, written information sheets for the most common childhood disease.