

MEDICATION ADMINISTRATION & CLASSROOM HEALTH PLANS

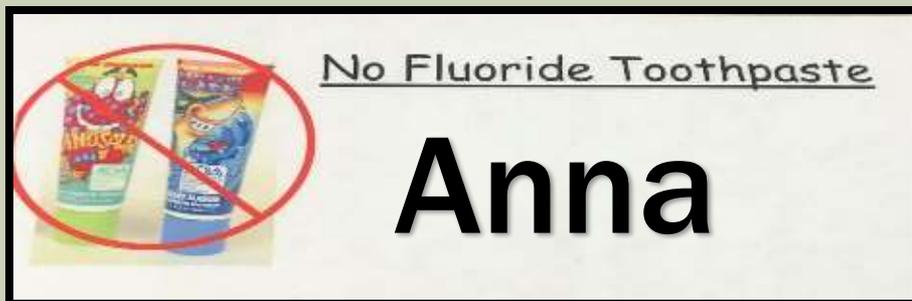


Kids' Corps, Inc.

Head Start & Beyond Head Start

CLASSROOM HEALTH PLANS

- KCI tries to accommodate all children's needs.
- Nut-free facility
- Special accommodations for child during the program day.
 - Child Health Plans need to be posted in a RED folder in the classroom.
 - Even for topical ointments: lotions, lip balm, sunscreen, soap
 - Refusal for toothpaste: No Fluoride Toothpaste



Place it by the allergy alert in each classroom fridge when needed.

- Children with allergies or other food restrictions listed on the front of the fridge for staff to observe.
 - Health office will provide

- Example for food restrictions:

-Soy

-Corn

-Lactose intolerance

-Pork : KCI doesn't serve pork, however we need a CHP.



RECEIVING MEDICATION

- CD will check and accept medication
 - If not in the building, FA, HNC or HA may check and accept
- Medication requires: child's name, med. expiration date, name of medication, dose, frequency and route.
- Parent and staff sign CHP

ASD Staff: Please, be present when parents drop the medication on the first day of school (nurse office), have them sign.

REQUIRED ON ALL MEDICATIONS

- ✓ Child's name
- ✓ Current Date (date prescribed on)
- ✓ Name of medication
- ✓ Dosage to be given
- ✓ Frequency to be given
- ✓ Route of administration

Liquid medicine should have proper measuring tool (i.e. dropper, measuring teaspoon)
* UTIC's need to be prescribed by a physician and must have current label and proper date*

Family Advocate or Center Director must sign on Child Health Plan after receiving medication

EXAMPLE CHP

KIDS CORPS, INC. HEAD START
Classroom Health Plan

Child's Name: John Doe Date of Birth: 11/1/11
Classroom/Teacher: East 6A First Day of School: 3/24/15

Health Conditions: Asthma

Will your child be needing medication in the classroom during the program day: Yes No

Treatments, tests or medications your child will need during the school day:

Treatment, test, medication	Instructions/ Time of Day Needed:	Possible Side Effects:
<u>Albuterol Inhaler</u>	<u>one puff every 4 hrs as needed</u>	<u>might make him hyper</u>

Treatments, test equipment, or medications were brought by parent to KCI staff for classroom.
Parent signature: _____; KCI staff signature: _____ Date: _____

Food Allergies/ Restrictions

List each food separately	List Appropriate Substitute Foods	Description of how the child reacts to the food or reason for food restriction

Emergency Plan for Severe Allergic Reaction:

The child care center will implement the following emergency plan:
Administer prescribed (EpiPen) immediately
Administer other prescribed medication: _____
Medication and dosage: _____
Medication and dosage: _____

If the child develops signs of severe allergic reaction such as:
Hives, itching, flushed face or skin, swelling of face, lips, mouth, vomiting, diarrhea, feeling of impending doom and/or difficulty breathing

1) Call 911 2) Call Parent 3) Call Child's Physician 4) Stay with child at all times

Are there any program areas that will need to be changed to accommodate your child?
(Outdoor activities, field trips, nutrition, classroom environment, transportation)

Yes No If yes Please Explain:

Parent Requests for condition or side effect

If we see this:	Do this:
<u>coughing, holding chest</u>	<u>give inhaler, call parent</u>

Medication

Is the child on medication at home? Yes No If yes, complete the following:

Medication Name	Reason	Dose	How given (by mouth, on skin, nebulizer, etc.)	Schedule	Possible Side Effects
<u>Albuterol Inhaler</u>	<u>Asthma</u>	<u>1 puff every 4 hrs as needed</u>	<u>by mouth</u>	<u>prn (as needed)</u>	<u>may make hyper</u>
<u>Theophylline</u>	<u>Asthma</u>	<u>1 pill every morning</u>	<u>by mouth</u>	<u>1 pill every morning</u>	<u>might be hard to sleep</u>

EXAMPLE CHP

Is staff training needed? Yes No



Documentation of STAFF TRAINING on Classroom Health Plan

Staff Name/Signature	Topic	Trainer	Date

Medication must be in the original prescribed container indicating the following information: student name, dosage, physician, pharmacy, date issued and prescription number.

I understand that the school is not legally obligated to administer medication to my child. I agree to defend and hold Kids' Corps, Inc. Head Start employees harmless from any liability for the results of the medication or the manner in which it is administered. I will defend and indemnify Kids' Corps, Inc. Head Start and its employees for any liability arising out of these arrangements. I will notify Kids' Corps, Inc. immediately if the medication is changed or discontinued.

I agree with the above classroom health plan and authorize administration of specified treatments, tests, and/or medications.

Jane Doe
Parent/Guardian Signature Date: 8/13/15

Lulu Semom
Family Advocate Signature Date: 8/13/15

Teacher Signature Date: _____

K&B
Health/Nutrition Coordinator Signature Date: 8/14/15

Center Director Date: _____

Original copy in file, 1 copy in Classroom, and 1 copy for Health/Nutrition Coordinator File

KIDS CORPS, INC. HEAD START Asthma Information Form

Child's Name: John Doe Date of Birth: 3/11/11

Classroom/Teacher: Ms Jimmy First Day of School: 8/24/15

Name of child's medical provider for asthma: PFMC
Address: _____ Phone: _____

Do we have your permission to call your child's health care provider for more information about your child's asthma? Yes No

Please tell us the following information to the best of your ability.

- At what age was your child diagnosed with asthma? 2
- How many days would you estimate that your child was sick last year due to asthma? 10
- How many times in the past year has your child been:

Hospitalized overnight due to asthma?	<input checked="" type="radio"/> None	<input type="radio"/> Once	<input type="radio"/> 2-4 times	<input type="radio"/> More than 4 times
Treated in the emergency room due to asthma?	<input checked="" type="radio"/> None	<input type="radio"/> Once	<input type="radio"/> 2-4 times	<input type="radio"/> More than 4 times
Treated in a doctor's office for an asthma attack?	<input type="radio"/> None	<input checked="" type="radio"/> Once	<input type="radio"/> 2-4 times	<input type="radio"/> More than 4 times
Treated with a steroid medicine called Prednisone?	<input type="radio"/> None	<input checked="" type="radio"/> Once	<input type="radio"/> 2-4 times	<input type="radio"/> More than 4 times
- When was the last time you saw your child's health care provider for asthma? 7/10/15

1. What triggers your child's asthma? Check all that apply:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Colds or respiratory infections | <input type="checkbox"/> Strong odors | <input type="checkbox"/> Hard exercise/activity |
| <input checked="" type="checkbox"/> Weather changes | <input checked="" type="checkbox"/> Cold air | <input type="checkbox"/> Cigarette smoke |
| <input type="checkbox"/> Strong emotions | <input type="checkbox"/> Animals | <input type="checkbox"/> Pollen |
| <input type="checkbox"/> Fireplaces or woodstove smoke | <input type="checkbox"/> Food (list) _____ | |

Allergies (please list): _____
Allergies to medications (please list): _____

2. What is your child's early warning signs of an asthma attack? Check all that apply:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Cough | <input type="checkbox"/> Cranky | <input type="checkbox"/> Drop in peak flow numbers |
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Eating Less | <input type="checkbox"/> Less running around & playing |
| <input type="checkbox"/> Wheezing | <input type="checkbox"/> Itchy, watery eyes | <input checked="" type="checkbox"/> Working harder to breathe |
| <input type="checkbox"/> Throwing up | <input type="checkbox"/> Trouble sleeping | |

3. If your child is monitored with a peak flow meter, what is his/her best peak flow rate? 50
(When you use a peak flow meter, you blow out as hard and as long as you can. This helps measure the amount of oxygen in your lungs as you breathe.)

4. Are there any special considerations that your child may need while at the center/school, related to his/her asthma? pay attention when outside in winter

CACFP MEDICAL STATEMENT

- Gets confirmation from the medical provider for food allergies
 - Done during the enrollment process
- Milk Substitution
 - Parent Can sign as medical authority
- Food Allergy Menu
 - HA completes a menu to help guide staff when necessary (Highlighted menu)
 - Not for milk

MEDICATION LOGS

- The medication administration log is in the medication box; this is where you document if the medication was used for the child for any reason
 - Expiration Dates are tracked on this form as well
- A monthly copy of the medication log per child will be send to the HA at the end of each month.
- If: The log is fully completed, original is put in child's file by the classroom staff.
- Incident Report also filled out if used in emergency or **“as needed”**

MEDICATION STORAGE CHECKLIST

- Monthly Medication Storage Checklist is in box as well. Medications need to be checked monthly and then send Ayla a copy (**originals always in container**)
 - ASD NEEDS TO CHECK MEDS WITH NURSE
 - If you find that a medication is going to expire the next month or has already expired, please let your family advocate know and they will contact the family.
 - When a child drops, the medication needs to be sent home
 - See SOP- Child Medication Storage in the Classroom

KCI MONTHLY MEDICATION STORAGE CHECKLIST

ALL MEDICATIONS TO BE GIVEN TO A HEAD START CHILD WHILE IN ATTENDANCE MUST MEET THE FOLLOWING GUIDELINES

CENTER:

CLASS:

PRESCRIPTION MEDICATION REQUIREMENTS	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB	MARCH	APRIL	MAY	JUNE	JULY
Medication Log												
Original Container												
Prescription Label Attached												
Child's Name/ Current Date												
Dosage to be Given												
Name of Medication												
Stored in a Locked Box												
Out of Reach of Children												
FA Notified When Meds Are Low												
Classroom Health Plan												
Unused/Expired Medication is Returned to Parents												
Dropped/Transferred Child's Medication is Returned to Parents												

DUE LAST DAY OF EACH MONTH

CLASSROOM STAFF

- Check each requirement for compliance
- Initial and date each category that is compliant
- Give to Center Director

CENTER DIRECTOR

- Review for completeness & accuracy
- Initial and date in top box below month
- Fax or mail copy to Health/Nutrition Specialist
- Return original checklist to medication box

LEGAL DOCUMENTATION

- All of our forms are **legal documents**:
 - Should be written in blue or black ink
 - If you make a mistake ~~cross it out~~ ^{AR} and initial next to it
 - Don't use white out

INCIDENT REPORTS

- Complete for injuries or medication administration “as needed”
 - If you think there may be a mark or symptoms later
- Complete form immediately after incident and alert center director
 - If center director out of building, complete form and initial line “after copy is sent home” and send home a parent copy; THEN original goes to center director to sign upon return
 - Copy to Ayla with all signatures.
- Please read explanations; Is it first aid or just comfort?
 - First Aid Given: yes or no
 - If yes what kind OR other care provided
 - You can circle no first aid and write “TLC given”
 - **HUGS are not first aid** 😊

■ What is considered first aid?

- Band-Aid
- Icepack
- Cleaning wound
- Stopping bleeding

■ What is considered comfort?

- Hugs
- Special blanket
- Asked if okay
- Comfort object



KIDS' CORPS INC. HEAD START
CHILD INCIDENT REPORT



Child's Name: _____ Date: _____ Time: _____

Center: _____ Class: _____

Staff Reporting Incident (please print): _____

Parent Notification Information:

When were the parents notified? Date: _____ Time: _____

Parents Notified by: Telephone Incident Report in Person

Was anyone else notified? Yes No If yes, who, when and person's name:

Initial after copy of report is sent home: _____

Describe the incident (what happened?): _____

Location of Accident (i.e. playground, classroom, field trip): _____

Describe Injury (i.e. color, length, size): _____

(Circle all that Apply)

Part of Body Injured: eye ear nose mouth tooth neck other part of head
leg/ankle arm/wrist other (specify): _____

Type of Injury: cut bruise/swelling puncture scrape broken bone or dislocation sprain
crushing injury burn loss of consciousness bleeding unknown

Other (specify): _____

What was the child's reaction? _____

First Aid Given: YES NO

If yes, what kind (also list any additional care provided such as comfort hugs, special blanket, etc.):

Information Regarding Head Injuries

A child with a head injury **must be monitored** closely for 48 hours. If anyone of these symptoms occur, contact your provider immediately:

- | | |
|---|----------------------|
| Excessive vomiting | Unequal pupil size |
| Double vision/blurred vision | Unusual Drowsiness |
| Severe or persistent headache | Slurred Speech |
| Depressed or difficult breathing | Convulsions |
| Staggering or loss of balance | Cannot be aroused |
| Irritability or other personality changes | Persistent dizziness |
| Fluid or blood coming from ears or nose | |

****All head injuries must be reported to municipal licensing****

Corrective action if needed to prevent reoccurrence:

Follow-up comments from staff or parents:

Staff Signature and Title: _____ Date: _____

Center Director Signature: _____ Date: _____

***Original copy in child's file * Copy to parents *Copy to Health Assistant**

EPI PENS

1. Instruct assistant to call 9-1-1
2. Open tube and pull pen out
3. Grasp with fist and needle pointing downward
4. Using other hand, remove safety cap (gray/blue)
5. Swing arm and firmly push the orange tip against **outer center of thigh** until it clicks
6. **Hold for 10 seconds in thigh**
7. When removing injector, orange tip will cover needle automatically
8. Massage area to help distribute medication



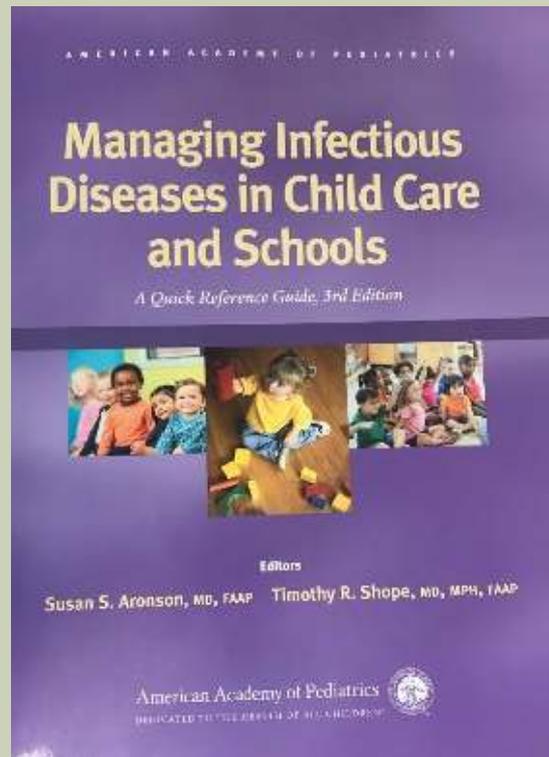
FIRST AID KITS

- Supplies are checked monthly/ replaced as used
 - Check expiration dates and that they work
- First Aid Kits: classroom, field trip, and emergency cans
 - First Aid supply check lists are in every kit; make sure your supplies are stocked. Keep original in container and give CD a copy at the end of the month
 - CD review for **completeness** and bring it to Ayla.
 - **Emergency cans need to be taken outside during evacuation drills.**
- Supply Orders
 - Let your Center Director or Health Office know when you are running low on supplies, **not when you are out**
- **Do not store extra supplies, if something is not on the list, take it out**

NEW DAILY HEALTH POLICIES

- Daily Health Concerns

- Used the guidance of Managing Infectious Diseases in Childcare Settings, 3rd ed.



CHILD INJURIES

■ SOP Chart

BASIC CLASSROOM FIRST AID

- Remember to use **gloves** for all situations involving bodily fluids such as blood!!
- An incident report must be completed for all accidents and injuries. Refer to SOP Reporting an Incident Involving a Child.
- Use alcohol prep pads to sterilize tweezers and scissors, **NOT** on a child's skin.

Common concerns	Treatment
1. Bee stings	Attempt to remove the stinger with a gentle scraping motion of the fingernail. DO NOT pull at the stinger. Use a cold compress to minimize swelling. Watch for signs of allergic reaction.
2. Bites	Wash with soap and water. Cover with a bandage. Call parent and refer them to a doctor for all animal bites or deep human bites.
3. Bumps and Bruises <i>* If any form of head or face injury, call parent immediately and review information on incident report for follow-up care.</i>	Use a cold compress for up to 30 minutes. Monitor for headache, dizziness, nausea, or vomiting.
4. Eyes contaminated by soap, etc.	Flush with sterile eye wash solution. Minimize touching and rubbing.
5. Nose bleeds	Use gauze to absorb blood. Tilt head down. Use ice pack on the bridge of the nose. Pinch the bridge of the nose for ~5 min. If bleeding persists for over 10 minutes, call a parent and doctor.
6. Scrapes	Wash with soap and water. If rocks or sand is under the skin, attempt to gently remove with sterile tweezers. Cover with a non-stick dressing.
7. Splinters	Attempt to gently remove with sterile tweezers. Wash with soap and water. Bandage if necessary (i.e.: bleeding)

The Center Director or teacher will make a telephone call to the parent and a Child Incident Report will be filed out and filed in the child's file; copies will be made to the parent and the Health office.

■ Parent Handbook has illnesses to send a child home for (varying pages)

CHILD HEALTH & DEVELOPMENTAL SERVICES

CHILD ILLNESS/COMMUNICABLE DISEASES

KCI asks for your cooperation to help assure that children have a happy and healthy school experience. It is important to make sure that children are feeling well when leaving for school in the morning.

CHILDREN TOO ILL TO GO OUTSIDE ARE TOO ILL TO BE AT SCHOOL.

DUE TO THE REQUIRED CHILD/ADULT RATIO, KCI IS UNABLE TO ACCOMMODATE REQUESTS TO KEEP CHILDREN INDOORS DURING OUTSIDE PLAYTIME.

If a child becomes ill at school, the parent will be contacted to pick up the child as soon as possible. If KCI is unable to contact the parent, the emergency contact person listed on the Emergency Information Form will be called.

If a child has any of the following, they will not be allowed to come to school:

- Quickly spreading rash, or rash associated with fever
- Erythema with fever or behavior changes
- Lethargic, lack of responsiveness and unusual behavior for child such as not playing or eating
- Difficult or noisy breathing, deep hacking cough or severe congestion
- Fever over 100° axillary (armpit) or 101° orally (mouth) and behavior changes
- Diarrhea (two times the child's normal frequency of bowel movements in 24 hours)
- Vomiting 2 times or more in 24 hours
- Abdominal pain that continues for 2 hours or when associated with fever or other symptoms
- Mouth sores with drooling child can't control
- Skin sores that are weeping fluid and are on exposed surface that can't be covered
- Swollen joint or lymph nodes with fever or behavior changes
- Blood in urine or stool
- Symptoms that indicate the following diseases, until treatment administered: Strep throat, scabies, chickenpox, Rubella, Pertussis, Mumps, Measles, Hepatitis A, pinkeye with fever, live lice (to be sent home at end of the day)

We will notify parents in cases of other health concerns to discuss signs and symptoms.

A CHILD IS NOT READY TO RETURN IF HE /SHE HAS:

- Not fully recovered from an illness
- Is still too sick to take part in school activities or go outside
- Had a fever in the last 24 hours; a child should be fever free for 24 hours
- Had a communicable disease and is still considered contagious
- Has vomited within the last 24 hours

Parents may be asked to provide a statement from a physician stating that the child is no longer contagious. (The child could spread the illness to others.) It is hard for children to cope with group situations when they do not feel well.

If one case of a communicable disease develops in a class (for example, head lice or impetigo) a letter will be sent to all parents to alert them.

LICE POLICY



- We have a LICE SOP now !! Refer to SOP book
- We have a “we found a critter on your child today” form

Child's name: _____ Date: _____

We found a critter on your child today!

Mark an option:

Nits (eggs)

Active lice

Was lice shampoo provided? Yes No Date: _____

What do you do now?

Nits: Use the comb to take all the nits out of your child's head.

important facts

- If one nit stays, it can hatch and the lice cycle will start over.
- Lice shampoo does not kill nits.
- So, comb, comb, comb until all are gone.

Active lice: Use the lice shampoo to kill all active lice. After the shampoo treatment, use the comb until no nits are found on your child's head. Wash your child's bedding, hats, and jackets.

- KCI has a “NO ACTIVE LICE POLICY”. We will check your child's head when they return to school. If there is active lice, he/she will not be able to stay.

KCI – Department of Health and Nutrition

The original will be sent to the HNC or HA to be entered into Child Plus and then filed in health office. Yellow copy go home with child.

LICE SOP REVIEW

Nits only:

- Double check the child's head to make sure there is no active lice.
- After finding nits only, teacher or AT must contact parent to let them know. If needed HNC or HA will contact the family.
- Teacher or AT will complete the "We found a critter today" form with the child's name, date and mark "nits".
- After the school day is over, give parents the copy of the "We found a critter today" form. The original will be sent to the HNC or HA to be entered into Child Plus and then filed in health office.
- Encourage parents to read the instructions on the form (comb the child's hair until all nits are gone)
- Teacher, AT or if needed HNC or HA will check the child's head in 5 to 7 days to make sure all nits are gone and no nit has hatched. If the child still has nits, he/she can stay in class but parents need to keep using comb until ALL nits are gone.

LICE SOP REVIEW

Active Lice:

- After finding active lice, the teacher or AT must contact parent to let them know. If needed HNC or HA will contact the family. The child can stay in class until the end of the day.
- The teacher or AT will complete the “We found a critter today” form with the child’s name, date, mark “active lice.” If shampoo treatment was sent home, write the date.
- Inform HNC and HA about active lice by phone call or email.
- Complete municipality form CC91 Child Injury Illness Incident Report and follow the instructions.
- At the end of the school day, give parent a copy of the “We found a critter today” form. The original will be sent to the HNC or HA to be entered into Child Plus and then filed in health office.
- Instruct parents to follow directions on the treatment box.
- Child must be checked and clear of live lice before being able to return to class. KCI has a “no live lice policy.” If the child has nits, they will be allowed to stay.

We can provide treatment for other family members (as needed)

CLASSROOM POSTINGS

- * KCI Monthly Menu
- * Milk, back-up food form
- * Classroom Health Plan for each child with a medical condition or with food allergies, and make sure you are familiar and they are current
- * Children with food allergies
- * Food worker cards (in food prep area)
- * WIC Poster (one per center)
- * Emergency First Aid Posters (Eng and Spanish)
- * Plan of Action for Health Emergencies
- * Dental Emergency First Aid
- * Temperature Rules
- * Quick Look Emergency Procedures
- * Poison control and 911 on phone
- * Growth Chart (hung at proper height)
- * "...AND JUSTICE FOR ALL"
- * CACFP Food Chart
- * Be a Germ Buster-Handwashing
- * B is for Brushing posting
- * Bleach Solutions
 - ❖ CDs this list will be e-mailed to you as well, please check and sign and return to Ayla

QUESTIONS??



REFERENCES

- Kids' Corps, Inc. Standard Operating Procedures
- Managing Infectious Diseases in Child Care Settings 3rd Edition
- Medication-Administration. (2018). Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-child-care/Pages/Medication-Administration.aspx>