

ST. THOMAS MORE SCHOOL EDUCARE

HEALTH CARE PLAN

EMERGENCY TELEPHONE NUMBERS

Fire Department: 911

Police: 911

Crime Check: 456-2233

Rescue: 911

Poison Control Center: 1-800-222-1222

Emergency phone numbers will be posted near phones and/or bulletin boards.

HOSPITALS USED IN EMERGENCIES

Holy Family Hospital

482-0111

5633 N Lidgerwood

Sacred Heart Medical Center

474-3131

101 W 8th Ave.

EMERGENCY PROCEDURES

Minor Emergencies

1. Staff trained in first aid will follow the actions for the particular injury or illness as specified in the first aid manual located inside each first aid kit.
2. Staff will record the incident and treatment on a report form.
3. The incident will be reported to the parent on a report form, which will be signed by the parent.

Life-threatening Emergencies

1. One staff member will stay with the child, and if necessary, provide first aid according to the manual noted above.
2. Staff will call 911 and will describe the situation, state the physical location of the emergency, give the phone number, and stay on the line until told to hang up.
3. Staff will contact the parent or, if the parent cannot be reached, the child's alternate emergency contact person will be contacted.
4. Staff will stay with the child, including transport to a hospital, until a parent arrives.
5. Staff will record the incident, the parent will sign it, and a copy will remain in the child's file.
6. Serious injury/hospitalization will be reported to **Helen Cramer** at **789-3831**.

Asthma

1. An individual emergency treatment plan will be kept on file for any child with asthma.
2. The treatment plan shall be implemented when child exhibits asthma symptoms at St Thomas More.

Allergic Reactions

1. A food allergy care plan shall be filled out and kept on file for children with food allergies. This form lists foods to avoid, a brief description on how the child reacts to the food, appropriate substitute foods and severity of reaction. The child's doctor or health care provider must sign this form.
2. If the reaction is severe, staff will follow the an emergency protocol indicated by the provider such as the following:
 - i. Administer Epi-pen or other prescribed medication
 - ii. Call 9-1-1
 - iii. Call child's parents
 - iv. Stay with child at all times

MEDICATION MANAGEMENT

1. Medication will only be given when a child's parent and physician and completed and signed a medication request form.
2. All medication must be in the original container labeled with: the child's full name, name of medication, dosage, frequency, and duration.
 - Prescription medication must have the original pharmacist label.
 - Non-prescription medications must have the manufacturer's original label.
3. Examples on non-prescription medications (over-the-counter drugs) we may give include:
 - Antihistamines
 - Non-aspirin fever reducers/pain relievers
 - Non-narcotic cough suppressants
 - Decongestants
 - Anti-itching ointments/lotions intended to relieve itching
 - Vitamins
4. The dose and frequency must be stated on the label and the medication is age and weight appropriate for the child.
5. "As needed" medication may be given only when the health professional lists specific parameters, such as "give 1 tablet every 4 hours".
6. Internal and external medications are stored in out of reach in the First Aid box in Preschool or the kitchen by the lunchroom.
7. Refrigerated medication will be in kitchen of the Preschool or in the kitchen in the lunchroom.
8. All medications will be stored inaccessible to children, separate from staff or household medication, protected from contaminants, and under proper temperature control.
9. Unused medication will be returned to parents or flushed down the commode.
10. Records of all medication will be maintained in in the Preschool/Extended Care Office in the child's file.
11. Staff giving medication to the child will sign the record with their full signature.

Medication Administration Procedure

1. Wash hands before preparing medication.
2. Carefully read labels on medications, noting:
 - Child's Name
 - Medication Name
 - Amount to be given
 - Times and Dates to be given
 - How long to give
 - How to give (by mouth, to diaper area, in ear, etc)
3. Prepare medication on clean surface away from diapering or toileting areas
4. For liquid medications, use clean medication spoons, syringes, droppers, etc that have visible measurements on them. The parent or guardian should provide these.
5. Wash hands after administering medication

FIRST AID

1. When children are in our care, staff with current training in age-appropriate CPR and First Aid training are always available. Training documentation is kept in staff files. The program director is responsible for assuring our first aid kits are fully stocked.

Our first aid kits contain:

- First Aid Manual
 - Sterile gauze pads
 - Large triangular bandages
 - Bandages (various sizes)
 - “Ace” bandages
 - Disposable gloves
 - Cotton balls
 - Adhesive tape
 - Tweezers
 - Small scissors
 - Syrup of Ipecac with current expiration date (used only after calling Poison Control)
2. Our first aid kits are located in the Kitchen by the lunchroom and in the staff room of Preschool. A fully stocked first aid kit will be taken in each vehicle on all field trips.
 3. First aid kits are checked twice yearly by the program director.

HEALTH RECORDS

1. Certain health information about each child is required by state child care regulations. We ask for that information in our registration packet, which includes:
 - Child’s health history to include allergies, special health or developmental concerns or medical conditions
 - Date of last physical exam
 - Name, address, and phone number of child’s health care provider or facility
 - Consent for emergency care
 - Immunization status
 - Authorization to take the child out of the facility to obtain emergency health care
2. Children with special needs should have on file a special plan of care. This is developed with input from the child’s parents, physician, and Center staff.
3. Records will be kept for at least a year after the child withdraws from the program.
4. Forms are updated yearly for children in our programs.

GUIDELINES FOR EXCLUDING ILL CHILDREN FROM CHILD CARE

Children will be screened daily by a teacher or caregiver for signs of illness or injury. Children with any of the following symptoms will not be permitted to remain in care at centers with programs not specifically approved for the care of ill children:

- Fever of 100° F auxiliary or higher and who also have one or more of the following:
 - Diarrhea
 - Earache
 - Sore throat
 - Rash
 - Show signs of irritability or confusion
 - Vomiting on 2 or more occasions within the past 24 hours
 - Diarrhea – 3 or more watery stools within a 24 hour period or 1 bloody stool
 - Draining rash
 - Eye discharge or pinkeye. Children can be readmitted after a medical diagnosis to rule out bacterial or viral infection or 24 hours on antibiotic treatment.
 - Fatigue that prevents participation in regular activities
 - Open or oozing sores, unless properly covered or 24 hours has passed since starting antibiotic treatment
 - Lice and/or scabies

Staff will notify the parent if a child becomes ill while in care. The child will be provided a separate, quiet place for resting until a parent arrives to pick up the child.

Children who are at risk for allergic reactions/anaphylactic shock due to severe allergies will have an emergency kit (provided by parent) on site and a plan of care in place that describes what actions will be taken in case of accidental exposure to allergen.

If child care staff or the director has concerns about a child's ability to safely return to care, we reserve the right to request a note from the child's health care provider.

We ask that ill children not attend child care for the following reasons:

- They will expose other children and staff to illnesses
- They are unable to be an active part of our daily program
- They are at risk for being exposed to other diseases when their resistance is low

COMMUNICABLE DISEASE REPORTING

We contact our local health department whenever we have questions or concerns about communicable diseases. We will notify parents of any communicable disease outbreaks in our center. Following is a list of communicable diseases. We call our local health department for information when a child or staff has contracted any of these illnesses.

Acquired Immune Deficiency Syndrome (AIDS)	Poliomyelitis (Polio)	Meningococcal Disease
Diphtheria	Reyes Syndrome	Pertussis
Campylobacteriosis (Campy)	Rubella (German or 3-day measles)	Rheumatic Fever
E. Coli 0157: H 7	Rubeola (10-day measles)	Salmonellosis
Hemophilus Influenza Type B (HIB)	Tetanus	Shigellosis
Kawasaki Syndrome	Typhoid Fever	Tuberculosis (TB)
Meningitis	Giardiasis	Yersioniosis
Mumps	Hepatitis	
	Listeriosis	

INFECTION CONTROL, DISINFECTING AND LAUNDERING

General Practices:

- Staff will wash hands at the appropriate times.
- Staff will disinfect all surfaces that can spread diseases.
- Staff will always rinse to remove residue left behind, if using items such as Lysol, Pinesol, or ammonia compounds as disinfectants. Bleach and water (generally at a concentration of ¼ cup to a gallon of water) does not require rinsing.
- Spray bottles of bleach and water used for disinfecting will be prepared daily, dated, and the unused contents discarded at the end of each day.
- Toys will be disinfected weekly or when obviously dirty. Toys that a child puts into his or her mouth will be disinfected daily.
- Cloth toys will be washed in the washing machine or automatic dishwasher at a temperature of 140° F or more or ¼ cup of bleach added to the wash load by director or designated staff member.
- Toys that cannot be washed in the washing machine will be hand washed in warm soapy water, rinsed and dipped into a disinfectant solution for 1 minute and allowed to air dry.
- Children's blankets/bedding will be stored individually as to not touch other children's bedding and will be sent home weekly for laundering.
- Toilets will be cleaned daily or if obviously dirty.
- General cleaning will be done daily by child care staff and/or maintenance staff.
- Carpeting will be vacuumed daily in all areas.
- Steam cleaning will be done quarterly or as needed.
- We avoid using powders or chemical cleaners which leave residues that can be harmful to children.

Bleach solutions are:

Bodily fluids, bathrooms and bathroom equipment = 1 Tablespoon bleach to 1 quart water or ¼ cup bleach to 1 gallon water

Table tops, dishes, toys, mats, etc. = ¼ teaspoon to 1 quart water or 1 teaspoon to 1 gallon water

HAND WASHING

Hand washing is the single best way to reduce or stop the spread of illness and reduce infections.

Staff wash their hands:

- Upon arrival at the child care center.
- Before handling foods, cooking activities, eating and serving food.
- After toileting self, children, and diaper changing.
- After handling or coming in contact with bodily fluids such as mucus, blood, saliva, or urine.

Children will be directed or helped with hand washing:

- Upon arrival at the child care center.
- Before meals or cooking activities.
- After toileting.
- After outdoor play.
- After coming in contact with bodily fluids.
- Soap, warm water, and individual towels are available for staff and children.

Washing hands includes:

- Turning on water and adjust temperature.
- Wet hands and apply a liberal amount of soap.
- Rub hands in a winding motion from wrists to fingertips for a period of not less than 10 seconds.
- Rinse hands thoroughly.
- Dry hands using an individual towel.
- Use hand drying towel to turn off water faucet.

PREVENTING INFECTIONS WHEN CONTACTING BODILY FLUIDS

Even healthy people can spread infection through direct contact with bodily fluids. Bodily fluids include blood, urine, stool (feces) drool (saliva), vomit, drainage from sore/rashes (pus), etc. When anyone has been in contact with bodily fluids, or is at risk for being in contact with bodily fluids, the following precautions will be taken:

- Any open cuts or sores on children or staff will be kept covered. Depending on the type of wound, a covering may be a bandage or clothing or staff may wear latex gloves.
- Whenever a child or staff comes into contact with any bodily fluids, the area will be washed immediately with soap and warm water and dried with paper towels.
- All surfaces in contact with bodily fluids will be cleaned immediately and disinfected with an agent such as bleach in the concentration listed previously.
- All surfaces in contact with bodily fluids will be cleaned immediately and disinfected with an agent such as bleach in the concentration listed previously.
- Used latex gloves and cleaning material used to wipe up bodily fluids will be put in a plastic bag, closed with a tie, and placed in a covered waste container. Any brushes, brooms, dustpans, mops, etc. used to clean up bodily fluids will be soaked in a disinfecting solution and rinsed thoroughly. Cloth items or mops, after soaking, should be washed with hot water in a washing machine. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach.
- Children's clothes soiled with bodily fluids will be put into a closed plastic bag and sent home with the child's parent. A change of clothing will be available for children in care.

- All clothing soiled with bodily fluids will be changed as soon as possible.
- Hands are always washed after handling soiled laundry or equipment.

FOOD SERVICE

- Leftover foods will be covered, dated, and stored in the refrigerator or freezer.
- Foods brought from home will be labeled with the date and child's name, checked upon arrival at the center, and refrigerated as necessary.
- Eating surfaces will be cleaned before and after use by designated staff member.
- Food will be thawed in the refrigerator or under cold running water or during the cooking process.
- Food will be cooked to the correct internal temperature:
 - Ground beef, 155° F and no pink color
 - Fish, 140° F +
 - Pork, 150° F
 - Poultry, 165° F
- Food requiring reheating will be reheated to an internal temperature of 165° F in 30 minutes or less.
- Hot food will be held at a temperature of 140° F or above until served.
- Food requiring refrigeration will be stored at a temperature of 45° F or less.
- A metal stem thermometer will be used to test the temperature of foods as indicated above and to ensure foods are served to children at a safe temperature.
- All refrigerators/freezers will have thermometers placed in the warmest section.
- Sinks used for food service will not be used for hand washing.

NUTRITION

We will provide nutrition that is critical for optimal growth and development. Our child care center will provide the following snacks/meals:

Extended Care: after school snack

Preschool: snack if not provided by parent

Parents will provide:

Preschool: snack

- All snack/meal menus will be prepared 1 week in advance and posted
- All food substitutions will be of equal nutrient value and recorded
- Menus list specific types of meats, fruits, vegetables, etc.
- A record of foods served will be kept on file for at least six months
- Food allergies will be posted where staff can readily see the list
- Children will be provided food at intervals of 2 hours to 3 ½ hours apart
- Lunches/snacks sent from home will be examined for nutritional content and supplemented as necessary to ensure children's dietary needs are met
- Meal patterns outlined in the WACS will be followed

INJURY PREVENTION

- The center will be inspected at least quarterly for safety hazards by director and/or maintenance staff.
- Hazards will be reported to maintenance staff or correction.
- The accident and illness reports will be monitored by the director to identify accident trends caused by equipment or in areas of the center.

DISASTER PLAN

