

Health Care of Students

HEALTH CARE PLAN

230. A licensee shall ensure that a Center has a separate area where children who are exhibiting illnesses/symptoms requiring exclusion from the Center are cared for until they can be removed from the Center or are diagnosed as posing no risk to themselves or others.
- A. The separate area shall be furnished with rest equipment provided with clean bedding.
 - B. This area shall not be located in the kitchen or toilet areas.
 - C. All items used by an ill child, including rest equipment, bedding, utensils and toys shall be cleaned and disinfected prior to being used by another child.
 - D. While in this area, staff shall ensure that the child is supervised and the child's individual needs for rest, comfort, food, drink and activity are met until the child can be picked up by a parent/guardian or suitably cared for elsewhere.
315. Each staff member shall receive a copy of this plan and be trained in its implementation during staff orientation. A copy of the plan is also provided in the Parent Handbook.

Procedures to be Followed in Case of Illness or Emergency:

- A. CPR and first aid is to be administered by qualified staff members. The Director or Assistant Director should be consulted as soon as practical.
- B. Using the information on the Emergency Card the parent or guardian should be contacted as soon as practical. Maintain a record of when the parent(s)/guardian(s) were notified or of attempts to notify the parent(s)/guardian(s).
- C. Medical advice can be sought by calling the child's pediatrician listed on the Emergency card. The center's Health Care Consultant should be contacted if the child's physician is not available.
- D. For medical treatment, a child should be transported by the parent or guardian if possible. Additionally, the parent or guardian may authorize transportation by ambulance. In a rare emergency and with parental permission a staff member over the age of 21 with a valid driver's license may transport a child for emergency medical care.
- E. In an emergency where the parent or guardian can not be reached call the local Fire Department or 911 for emergency assistance.
- F. In all cases 911 can be dialed for immediate emergency assistance.
- G. Maintain an injury report for each incident in the child's file.
- H. Report to the Office of Child Care Licensing an accident or injury which results in death or inpatient or outpatient treatment as required in Rules #119B & 120. An injury report shall include name of child, date, and description of injury, how it occurred and first aid or medical care required.
- I. Staff members should note in the records of a child and advise the parent(s)/guardian(s) of the occurrence of any health problems, such as diarrhea, vomiting, continuous hunger, refusal to eat, nosebleeds, skin rash or high temperature

The Center's Policy Regarding the Administration of Medication;

327. Only trained staff members authorized in accordance with State Law, or health care providers, nurses or other qualified medical health personnel administer medication to children in a Center.
328. Medication is not administered to a child unless written permission from the child's parent(s)/guardian(s) is obtained for each medication to be administered.

329. The parent(s)/guardian(s) of a child shall provide the following information for each medication given:
- A. The name of the child;
 - B. The child's date of birth;
 - C. Medication allergies;
 - D. Doctor's name and phone number;
 - E. Pharmacy and phone number;
 - F. Name of medication;
 - G. Dosage (amount given);
 - H. Time (when given);
 - I. Route of administration (oral; eye, nose or throat drops; topical; or vaginal or rectal suppositories);
 - J. Expiration date;
 - K. Start date;
 - L. End date;
 - M. Reason for medication; and
 - N. Any special directions.
330. **Prescription medication** is to be kept in its original container, properly labeled, has not expired, and is authorized by the child's health care provider.
- A. Medication shall only be given to the child whose name appears on the prescription.
331. Ensure that all **non-prescription medication** is in its original container, properly labeled with directions for its administration, has not expired, and is labeled with the child's name.
- A. Any deviations from the label instructions shall be in writing from the child's health care provider.
332. Do not allow the administration of prescription or non-prescription medication that has expired and immediately contact the parent/guardian of a child whose medication has expired to inform that parent/guardian of the situation.
333. Ensure that all medication in the Center is stored so as to be secure and inaccessible to children.
- A. Medication requiring refrigeration shall be kept in closed containers separate from food.
334. Unused medication is returned to the parent(s)/guardian(s) when no longer needed by the child.
335. Record the administration of medication to children including medication dosage, time administered, by whom administered and any adverse effects observed.

Plan for the Management of Communicable Disease

HEALTH EXCLUSION

320. A child shall, who has symptoms of illness specified below, shall not be admitted to the Center or remain at the Center unless written documentation from a health care provider, or verbal with written follow-up, states the child has been diagnosed and poses no serious health risk to

the child or to other children. The symptoms of illness for possible exclusion shall include, but not be limited to any of the following:

- A. Temperature: infants four (4) months old and younger, equivalent to 100 degrees or greater even if there has not been a change in behavior;
 - B. Temperature: children older than four (4) months, equivalent to 101 degrees or greater; accompanied by behavior changes or other signs or symptoms of illness - until medical evaluation indicates inclusion in the facility. Oral temperature shall not be taken on children younger than four (4) years (or younger than three (3) years if a digital thermometer is used). Rectal temperature shall be taken only by a licensed health care professional;
 - C. Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled coughing, inexplicable irritability, persistent crying, difficult breathing, wheezing, or other unusual signs) - until medical evaluation allows inclusion;
 - D. Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or decreased form that is not contained by the diaper - until diarrhea stops;
 - E. Blood in stools not explainable by dietary change, medication, or hard stools;
 - F. Vomiting illness (two (2) or more episodes of vomiting in the previous twenty-four (24) hours) until vomiting resolves or until a health care provider determines the cause of the vomiting is not contagious and the child is not in danger of dehydration;
 - G. Persistent abdominal pain (continues more than two (2) hours) or intermittent pain associated with fever or other signs or symptoms;
 - H. Mouth sores with drooling, unless a health care provider determines that condition is noninfectious;
 - I. Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
 - J. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until after twenty-four (24) hours after antibiotic treatment has been initiated;
 - K. Scabies, until twenty-four (24) hours after treatment has been initiated;
 - L. Pediculosis (head lice), until twenty-four (24) hours after treatment has been initiated;
 - M. Tuberculosis, until a health care provider states that the child is on appropriate therapy and can attend care;
 - N. Impetigo, until twenty-four (24) hours after treatment has been initiated;
 - O. Strep throat or other streptococcal infection, until twenty-four (24) hours after initial antibiotic treatment and cessation of fever;
 - P. Varicella-Zoster (Chicken pox), until all sores have dried and crusted (usually six (6) days);
 - Q. Shingles, only if sores cannot be covered by clothing or a dressing; if not exclude until sores have crusted and are dry;
 - R. Pertussis, until five (5) days of antibiotic treatment;
 - S. Mumps, until nine (9) days after onset of parotid gland swelling;
 - T. Hepatitis A virus, until one (1) week after onset of illness, jaundice or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff;
 - U. Measles, until five (5) days after onset of rash;
 - V. Rubella, until six (6) days after onset of rash;
 - W. Herpetic gingivostomatitis (cold sores), if the child is too young to have control of oral secretions; or
 - X. Unspecified illness if it limits the child's comfortable participation in activities or if it results in a need for greater care than can be provided without comprising the health and safety of other children.
321. A child may return to the Center when the symptoms are no longer present or a health care provider indicates the child poses no serious health risk to the child or to other children.

322. A child with a reportable communicable disease, as specified by the Division of Public Health website, <http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html>, shall not to be admitted to or remain at the Center, unless:
- A. Written documentation from the child's health care provider states the child has been evaluated and presents no risk to the child or to others;
 - B. The licensee has reported the illness to the Division of Public Health and has been advised the child presents no health risk to others; or
 - C. If there is conflict in the opinions of the health care provider and the Division of Public Health regarding the exclusion of a child, the licensee shall follow the instructions of the Division of Public Health.
323. The Director shall report any reportable communicable disease to the Division of Public Health in accordance with Division of Public Health procedures. For current information on reportable communicable diseases, the licensee shall contact the Division of Public Health or refer to the website - <http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html>.
324. Ensure that when a child has been diagnosed as having a reportable vaccine-preventable communicable disease, all children who have not been immunized against the disease are excluded from the Center in accordance with Division of Public Health procedures.
325. Ensure that if a child who has already been admitted to a Center manifests any of the illnesses or symptoms specified in Rules #320 and 322 above, the licensee will remove the child from the group of well children to a separate area as specified in Rule #230 until:
- A. The child can be picked up by the parent(s)/guardian(s) or suitably cared for elsewhere; or
 - B. A health care provider indicates verbally or in writing that the illness/symptoms pose(s) no serious health risk to the child or to other children.
326. Ensure that while a child is cared for in the separate room/area, the child is supervised and the child's individual needs for rest, comfort, food, drink and activity are met.

HEALTH APPRAISAL

316. **Within one (1) month following admission**, an age-appropriate health appraisal conducted within the last twelve (12) months prior to admission must be on file for each child in attendance. Health appraisals shall be certified by a health care provider and **updated yearly** or in accordance with the recommended schedule for routine health supervision of the American Academy of Pediatrics. The health appraisal shall include:
- A. A health history;
 - B. A physical examination;
 - C. Growth and development;
 - D. Recommendations regarding required medication, restrictions or modifications of the child's activities, diet or care;
 - E. Medical information pertinent to treatment in case of emergency;
 - F. Documentation of any recommended or required screening or testing such as for blood-lead or tuberculosis; and
 - G. Documentation of the immunization status, with a listing of day, month and year of administration for each immunization required by the Division of Public Health as specified in the **Delacare Rules Appendix, Recommended Childhood and Adolescent Immunization Schedule**. For current contact the Division of Public

Health or refer to the CDC website - <http://www.cdc.gov/nip/recs/child-schedule.htm>.

- i. The center is not allowed to admit a child who is not age-appropriately vaccinated according to the most recent directive from the Division of Public Health unless a written plan has been established (see below).
 - ii. If a child has not received immunizations as required for the child's age, a written plan for updating the immunizations within a reasonable time frame is to be submitted by the parent or guardian to the Early Childhood or School-Age Administrator within fourteen (14) days of the child's admission.
 - iii. If the additional required immunizations are not completed within the time frame specified in the written plan, the child shall be excluded from the Center until the immunizations have been obtained and written documentation of such has been submitted to the Early Childhood or School-Age Administrator.
317. For school-age children, a copy of the health appraisal required by the child's school is also required to be on file at the Center.
318. A child whose parent(s)/guardian(s) objects to immunizations on a religious basis or whose health care provider certifies that such immunization may be detrimental to the child's health will be exempt from the immunization requirement provided that the parent(s)/guardian(s) submits to the Early Childhood or School-Age Administrator a notarized statement explaining the exemption is in compliance with State Law.

HEALTH OBSERVATION ON ARRIVAL

319. A licensee shall ensure that each child is observed on arrival by a staff member trained in recognizing common signs of communicable disease, physical injury or other evidences of ill health.