



Inquiring Little Minds ILLNESS POLICY

Each day, Inquiring Little Minds (ILM) designates a staff member to be the Medical Administrator for first aid and medication. This staff member is responsible for addressing injuries and illnesses, administering medications, and keeping ILM's First Aid bags well stocked and in good order.

All ILM staff are reachable by phone. To ensure the health and welfare of all children in our care, ILM staff practice the following steps:

In an Emergency

1. "Take control of the scene, find out what happened, and make sure the area is safe before assessing the casualty." - St. John Ambulance
2. Contact the on-site ILM supervisor and instruct a staff member to phone 911.
3. Following First-Aid and CPR protocol, attend to the child until relieved by paramedics.
4. After 911 has been contacted, direct a staff member to notify the child's parents or guardians.
5. Send a staff member outside to meet the arriving paramedics.

Bite Marks

1. Assess the child to locate the area of the bite.
2. Apply an ice pack to the injured area.
3. Contact parents of both parties.

Broken Bones

1. If a broken bone is suspected, assess the injured area to locate any swelling or abnormality of the bone structure. Do not force movement.
2. Apply an ice pack to the injured area.
3. If after assessment, a broken bone is still suspected, contact the child's parents or guardians.
4. Phone 911 and go to the hospital

Contagious Disease

1. Parents are required to notify the centre when a child contracts a contagious disease. This includes, but may not be limited to chicken pox, conjunctivitis, fifth disease, impetigo, measles, ringworm, scarlet fever, and so forth.
2. In the event that three children contract a contagious disease, ILM will contact Licensing and inform parents that a contagious incident has occurred.
3. This alert will include a brief description of the disease, the date that the centre was notified, and the date that the alert was posted.
4. The child may return to the centre as stated by a doctor's note.



Head Lice

1. Confirm with the on-site supervisor that nits or lice are present. Quarantine the child immediately.
2. Follow procedures on sending a child home. Notify the pickup person that the child must be properly treated before returning.
3. All sheets, blankets, and sleep toys in the affected room must be bagged and washed. Suggest to the parents that they do this as well.
4. A complete head lice check must take place in the affected room, as well as in the rooms of any siblings.
5. The child must be checked for re-entry into the centre.
6. When the child is free of nits, they may return. Before the child can be signed in, a head check will be completed by a Medical Administrator.

Injury With or Without Blood

1. Take precaution by first applying a protective barrier between you and the wound (e.g., wear rubber gloves, Ziploc® storage bag, etcetera) just in case blood is not apparent.
2. Assess the area to determine whether the wound will require an ice pack, cold compress, bandage or further action.
3. If stitches are required, first notify the on-site supervisor, then contact the child's parents or guardians. Clean only the area around the wound. 911 will be called.
4. All contaminated materials (gloves, blood soaked paper or cloth) shall be disposed of by being sealed in a plastic bag and thrown in the waste container for diapers. This container is to be emptied into a waste receptacle outside the building as needed. Contaminated clothing that is to be sent home must be double sealed in a plastic bag.

Injury With or Without Blood, Head Injury

1. Assess the area to locate any abnormal bumps or bruises.
2. Apply an ice pack or cold compress to the injured area.
3. If the head injury is suspected to be more severe, notify the child's parent and alert a teacher to watch for fixed, glossy, or dilated pupils for 30 minutes following the injury.
4. Call 911 if injury is deemed severe by staff and/or parents.



Pandemic

1. ILM staff members will follow the recommended procedures of the Health Authority and contact parents and guardians.
2. If one person in the centre is infected, the center will close as instructed by VIHA.

Sending a Child Home

A child will be sent home:

- If they are lethargic, sleeping over 3 hours and unable to participate in the program.
- If they have conjunctivitis (pink eye).
- If they have diarrhea
 - 5-years-or-less: three (3) times in one day.
 - 5+ years of age: one (1) time per day.
- If they have a fever.
- If they have green or yellow snot.
- If they have Infestations (e.g., head lice, scabies).
- If they have three (3) symptoms of a cold, flu or other underdetermined illness.
- If they have an unexplained rash or allergic reaction.
- If they have vomited.

Once an Educator has made the decision to send a sick child home:

1. That specific Educator must fill out all related paperwork.
2. This same Educator must be with the child at the door to meet the parents/guardians.
3. The Educator transfers the child to the parents/guardians making certain to retain all information and signs illness paperwork.

When it has been determined that a child must go home, the procedures are as follows:

1. Notify the parent.
2. If the parents are unable to be reached, proceed by contacting someone on the child's emergency pick up list.
3. Thirty (30) minutes will be given to pick-up the child. If the 30 minute time frame is exceeded, the late pick up charge may go into effect.
4. A 'Symptoms of Illness Notification' will be sent home.



Sick Child

1. Assess the child. Question them/him/her as to where the problem is located.
2. Take the child's temperature.
3. A temperature reading of 100°F (37.778 °C) or greater requires that the child must be sent home.
4. A judgement call may be made if evidence of an illness is present, but is not accompanied by a high temperature.

Notes from Doctors

1. If your child(ren) are multi-symptomatic due to transitions in their eating, an allergy, or recurring symptoms a doctor's note is required to ensure that your child(ren) will not be sent home due to these symptoms.
2. A doctor's note may also be required to attend care after rashes or certain illnesses.
3. A nurse practitioner cannot provide/write a doctor's note for their own children.

MEDICATION

Receiving and Storing Medication

1. An "Authorization to Give Medication" form, filled out in its entirety, must accompany all medication received by the centre.
2. All medication must be in its original bottle or container. Please only send the amount needed for the day.
3. Medication mixed in a bottle with formula or in any other manner is NOT to be Accepted.
4. Long-term prescription medication must have an "Authorization to Give Medication" form. This form must be updated every 30 days. We must have a doctor's note for all prescription medications, with the medication not to exceed six months. The prescription bottle with a current label and a completed medication form fulfills this requirement.
5. Any medication not prescribed by a doctor with the original label on it for the child, will not be given under any circumstance: example, Tylenol for teething.
6. Prescribed antibiotics must be given to children (at minimum) a full 48 hours before attending an ILM child care facility.



Administering Medications

When medication is authorized to be administered, five “rights” must always be observed, and are as follows:

1. Right Patient: Question the teacher and child to confirm that you have the correct child.
2. and 3. Right Drug and Right Dosage: Compare the medication bottle with the “Authorization to Give Medication” form to confirm proper administration and insure that the medication has not expired. Do not exceed the dosage on the bottle unless a doctor’s note is present verifying the dosage amount.
3. Right Time: Refer to the “Authorization to Give Medication” form for the correct time the dosage is to be given to the child. Medication may be given no more than one half hour before or one half hour after the stated time.
4. Right Route: When medication is administered, be certain that it is applied to the correct area and/or given in the correct manner (e.g., eye drops to eye, ear drops to ear).

Disposing of Medication

1. When time expires for administering medication, as noted on the ‘Authorization to Give Medication’ form, the EMPTY container is to be placed in the child’s cubby.
2. If medication remains in the container, the medication will be sent home, and given directly to the parent.
3. The centre will not dispose of medication or medication containers. Empty or not, all medication containers will be returned to parents for proper disposal.

Recording Information

1. All incidents must be recorded in the correct forms, i.e., *Authorization to Give Medication* or an *Incident Report*.
2. All information must be specific as to the degree of temperature, type of injury, location on the body, cause of injury (e.g., right index finger has a 3/4 inch cut, finger was cut on a toy).
3. Any injury causing a mark constitutes an incident report. The report will be complete with all information related to the injury. One copy of the report will go to the child’s bucket, while the report’s original copy is to be placed in the child’s file.



GUIDELINES: WHEN A CHILD CAN RETURN

These guidelines are inspired, but not cited as a direct source, by the Canadian Pediatrics Society and the Canadian Public Health Association.

All guidelines will be observed unless your child has a doctor's release that specifically re-admits them to the centre prior to the guidelines listed.

Conjunctivitis (Pink Eye): 48 hours after documented treatment for conjunctivitis has begun. The returning child must be accompanied with a doctor's note stating the child is no longer contagious.

Ear Infections: as ear infections are not contagious, your child can return to attend child care after 48 hours, providing that they can participate in the full day's activities.

Fever Free: With exception of an ear infection, the child must be fever free for 48 hours. In the case of an ear infection, the child may return after 48 hours of treatment of antibiotics. If teething is the cause of the fever, we can allow the child to continue coming to the ILM Centre at that time as long as the child is participating in the program.

Hand, Foot and Mouth Disease: Cannot return until all blisters have dried up and the child has been fever free for 48 hours.

Hepatitis A: Cannot return until one week after the onset of illness or until after immune serum globulin has been given to the appropriate children and team members in the program as directed by the Medical Administrator.

Impetigo: Cannot return until 48 hours after treatment has begun. The returning child must be accompanied with a doctor's note stating the child is no longer contagious.

Infestations (e.g. head lice, scabies): Cannot return until 48 hours after appropriate treatment has begun. The child has to be checked by the Medical Administrator before re-entering. No live nits will be allowed.

Measles: Cannot return until 6 days after the rash appears. The returning child must be accompanied with a doctor's note stating the child is no longer contagious.

Mouth Sores: Must have a doctor's note stating that the child is non-infectious.

Mumps: Cannot return until 9 days after onset of swelling of glands near the ear. The returning child must be accompanied with a doctor's note stating the child is no longer contagious

Rash: With any rash accompanied by a fever or behavior change, the child cannot return



until they have a doctor's note stating that the illness is not a communicable disease. In the case of eczema or other skin related issues, a doctor's note needs to be on file with a description of the skin related issue.

Ringworm: Cannot return until 48 hours after starting treatment. The returning child must be accompanied with a doctor's note stating the child is no longer contagious.

Rubella: Cannot return until 6 days after the rash appears. The returning child must be accompanied with a doctor's note stating the child is no longer contagious.

Shingles: Child needs to be home until the doctor states the child may return to child care.

Strep Throat: 48 hours after documented treatment has been initiated. The returning child must be accompanied with a doctor's note stating the child is no longer contagious.

Snot: 48 hours after the snot returns to clear or can return with a doctor's note if due to allergies.

Tuberculosis: Must have a doctor's note stating that the child is non-infectious.

Uncontrolled Diarrhea: Defined as an increased number of stools compared with the child's normal pattern, with increased watery stool, and/or decreased formed consistency that cannot be contained by the diaper or toilet use. The child cannot return until they/he/she has had normal stools for 48 hours. The returning child must be accompanied with a doctor's note stating the child is no longer contagious. If a child is on a medication that causes diarrhea, we need a doctor's note for the file, which we can keep for further reference, and if the child is teething we can allow the child to continue coming to the ILM Centre at that time (if it is determined this is the cause of the diarrhea).

Varicella (Chicken Pox): Cannot return until 7 days after onset of rash or until all lesions have dried and crusted. The returning child must be accompanied with a doctor's note stating the child is no longer contagious.

Vomit Free: Must not have vomited for 48 hours.

Whooping Cough: Cannot return until after 5 days of appropriate treatment has been started. The returning child must be accompanied with a doctor's note stating the child is no longer contagious.