

BEYOND BANDAIDS

*ACCIDENTS, ILLNESS and MEDICATION
SAFETY*

the second unit in a series on

SUPERVISION

a guide to the protection
of children and providers
in child care settings

DIVISION OF CHILD DEVELOPMENT

North Carolina Department of Health and Human Services

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HOW TO USE THIS FOLDER

This folder on *ACCIDENTS, ILLNESS, and MEDICATION SAFETY* is addressed to anyone who provides out-of-home care to children, and especially to child care providers in licensed homes and centers.*

It has been written to give clear, easy-to-follow guidelines for handling injuries and illness and for giving medication safely. These guides will help prevent incidents that sometimes lead to child abuse/neglect investigations in child care settings. More importantly, following these guidelines will protect children from harm.

The folder pocket contains a step-by-step handbook on safe procedures for dealing with injuries, illness, and medication in child care. Read through it first. The pocket also contains all the sample forms that are mentioned in the handbook. All forms are identified with a number and letter. The “-r” after a letter means the form has been revised since it appeared in an earlier unit of this series. You may find these forms useful. They can be copied as needed.

The flaps of the folder, titled **BEYOND BANDAIDS**, contain checklists. These go along with the companion sections of the handbook. They are quick-reference guides to help you follow safe practices when you deal with injuries, illness, and medication. *Master copies of the checklist are in the folder pocket. You should copy these and use them regularly.*

A trainer’s manual is available for **BEYOND BANDAIDS**. It can be used to conduct workshops or inservice training on accidents, illness, and medication safety. This is the second unit in the SUPERVISION series, a guide to the protection of children and providers in child care settings, produced by the North Carolina Division of Child Development.

**An explanation of terms:* In this folder the term *facility* refers to both licensed child care homes and centers. Most suggestions and guidelines can be modified to fit any size facility.

ACCIDENTS, ILLNESS, and MEDICATION SAFETY HANDBOOK

Children get hurt. Children get sick. Sometimes children must take medicines. These facts of life are just as true for children in child care as they are for children who spend their days at home.

All child care programs must respond to children's accidents, injuries, and illnesses. Most are responsible for administering medications. Dealing with these situations safely and appropriately is a serious task, but statistics show that *too many of us do NOT do this well.*

When a child care facility provides careful supervision and a safe environment, many accidents and injuries will be prevented. When a child in this facility shows signs of illness, well-trained and observant staff will recognize the signs and know how to respond. When children in this facility need to be given medicine, the staff will follow careful procedures. They will check for written permission and double check the dosage and the appropriate time to administer the medication.

Remember, *careful planning and proactive, protective measures* will insure children's safety. Responding appropriately to accidents and illness, and following careful procedures when administering medication, will greatly reduce the risk of harm or injury to children in your care. It will also reduce liability for yourself and for your child care facility.

How are *you* doing with these responsibilities? If *you* are carefully trained in safe procedures and strictly follow these procedures, then the children in your care will have a safe and healthy place to spend their time. Then you can direct your attention . . .

**BEYOND
BANDAIDS!**

Be PREPARED

HAVE AN EMERGENCY CARE PLAN

forms 1B, 2B

What steps will you take if an accident or injury occurs at your facility? If you plan ahead, you'll be ready to handle any incident. Your facility needs a written *Emergency Care Plan*. It should give clear instructions to follow in case of an accident, injury, or illness. The *Plan* should be designed for all ages of children enrolled. It should be written in the language(s) of the staff and of the families being served. Post these instructions in every room. Provide a copy to each family when they enroll a child. Make sure each staff member is trained in the *Emergency Care Plan*.

The *Emergency Care Plan* names the person who will take charge in an emergency. This person must remain calm, act quickly, and be able to follow procedures and give instructions.

The *Plan* also names the staff who will be responsible to give necessary first aid or CPR. They must have completed a first aid course in the last three years and a CPR course in the past year that is appropriate to the ages of the children in care. Schedule staffing so that there are always enough trained staff on duty for the size of the group.

The *Plan* names back-up staff to cover emergencies. Always arrange for alternate staff who can take charge when necessary. Family home providers must arrange to have someone qualified who can back them up in an emergency. This substitute caregiver must be at least 21 years of age, trained in First Aid and CPR, and must have tested negative for tuberculosis.

Post emergency evacuation and disaster plans in every room. The time may come when you need to get everyone out of the building or moved to a secure location in your facility. You must be able to act quickly and safely in case of fire, flood, tornado, hurricane, earthquake, blizzard, power failure, or community or family violence. Hold practice drills monthly and at varied times of day, including naptime. You need to have an alternate route planned in case your original route is blocked. Update the plans and the routes whenever rooms are rearranged. Remember to practice the evacuation and disaster plans soon after children move to a different room.

ARRANGE FOR PROFESSIONAL ADVICE

form 3B

Sometimes you will need professional advice. Your child care facility should have a formal relationship with a medical professional who will be your health consultant. Discuss your needs with this person. Arrange a visit at your site if possible. Ask permission to call for general health care advice or in a medical emergency when necessary (for example,

when there are questions about a medication, when you are not sure how serious a child's injury may be, whenever a child's face or head are injured). Include the health consultant's name, address, and phone number in your *Emergency Care Plan*. Mail a follow-up letter to the health consultant confirming your arrangements. Enclose a copy of your *Plan*.

PLAN FOR EMERGENCY TRANSPORTATION

form 9A-r

Transportation should always be available in case of a medical emergency. The person in charge needs to be familiar with all available emergency transportation services. If you cannot reach a parent, guardian, or emergency family representative, you may have to transport the child to get medical attention. You need to have *written permission* from the parent or guardian to transport a child for emergency care. Have clear written directions for getting to the nearest hospital emergency room or urgent care facility. Carry copies of these directions in each vehicle that transports children. To help an emergency vehicle find you quickly, post clear directions to your facility near each telephone. The person calling for an emergency vehicle can read these directions to the emergency service personnel. The caller should always give his or her name, the name of the facility, the address, and the phone number.

KEEP EMERGENCY INFORMATION CURRENT

forms 9A-r, 9B, 10A-r, 14A-r, 14B

Keep emergency information available and up-to-date. Sets of the children's and staff's emergency care forms need to be in easy reach. Take them with you whenever you transport children. This form should include parent permission for the provider to get emergency care for the child. Update this information on a regular basis. Follow a schedule to keep current the telephone numbers of parents and alternate contacts.

Post a list of children's and staff's allergies and special health conditions. This list should be in a location that is easily accessible to staff, but that maintains confidentiality from the public. Staff should be familiar with the health histories of the children in their care.

The best practice is to keep critical information near your telephones. Post a list of emergency phone numbers, including *911*, *Poison Control*, and your *health consultant*. If your community does not have 911 service, post the phone numbers for *fire*, *police*, *ambulance*, and *hospital emergency room*. Put the *Emergency Care Plan* and charts about First Aid, CPR and choking where they can be seen in every room.

PREPARE STAFF AND SUPPLIES FOR EMERGENCIES

forms 4B, 5B

Staff who know how to respond to emergencies can protect children and reduce the risk of harm. All staff must be trained in the *Emergency Care Plan*. In an emergency everyone needs to know who is in charge and what are the responsibilities of each person. Include this training in staff orientation. Review the plan with all staff at least twice a year.

All staff should know how to use Universal Precautions. These are steps that provide protection when coming in contact with blood or body fluids containing blood. They prevent transmission of blood-borne diseases. Universal Precautions should be followed for every exposure with all children and staff. It is important for the staff to review these steps regularly.

Be sure to have basic first aid supplies on hand. All staff should know where to find these materials. Designate someone to regularly check and restock the first aid kits. Replace any items that have passed their expiration date. Schedule staffing so that there is *always* someone in the child care facility trained to administer first aid and CPR.

Make sure that fire extinguishers are located throughout the facility. Regularly check and recharge them as needed. Each staff member needs to know where they are and should be trained to operate them. It's also a good practice to have a fire alarm system, emergency power pack lights or flashlights, and a battery-operated radio.

ANTICIPATE NORMAL INCIDENTS

Some injuries may occur because of the natural development of children. It is normal for young children to explore their environment. They are just discovering their own motor skills. Stumbling and falling will happen at this stage, but a carefully planned safe environment and close supervision will make injury less likely.

Young children are also beginning to learn how to deal with others. Often they learn the hard way! Your facility should have a plan ready to handle biting, hitting, shoving, and scratching if these behaviors occur. Let families know how you will deal with any aggressive behaviors. Make sure that all staff know how to respond. When biting draws blood, be sure to use Universal Precautions and notify the parents of both children. Follow your facility's guidelines on confidentiality.

WHEN A CHILD IS SICK OR HURT . .

BE PROACTIVE

forms 6B, 7B, 8B, 10B, 11B, 12B, 13B, 15B, 16B, 17B

You will reduce the amount of illness in your child care program if you follow careful practices. This is being *proactive* -- being a step ahead, instead of trying to catch up *after* things happen.

Require medical exams, health histories, and current immunization records when children enroll. Share the appropriate information with staff. When staff know children's special health conditions and needs, they can give them better care. Remember -- this information is confidential. Urge families to keep their children's immunizations current as recommended for the age of the child. Encourage them to take sick children to a health care provider and to report any illnesses to your facility.

Your program needs to have written policies and procedures for handling illness and injuries. These should be reviewed with and given to each family when a child is enrolled. They tell families what their responsibilities are when a child is not well. They also explain what steps the child care facility will follow when a child is injured or becomes ill. The policies should set guidelines for excluding sick children from the program. Post these guidelines in your facility for quick reference. All staff need to understand and follow the policies and procedures.

Pay close attention to each child's physical well-being. Do a general health check of each child upon arrival, throughout the day, and at departure. Doing this on a daily basis will give you a good sense of the child's usual appearance. Then it will be easy to recognize any change that might indicate something is wrong. Caregivers who closely observe children will notice when their moods, energy, or appearance are different than usual. Document any changes. You may see signs or symptoms that could indicate possible child abuse or neglect. All staff should be trained to recognize these indicators and to know how to report them as required by law.

The health and well-being of the staff is very important. Staff must have a medical report, including a statement of emotional and physical fitness to care for children. A negative tuberculin test result must be on file. Post staff allergies and medical alerts. Keep staff health questionnaires and emergency care forms updated.

Follow practices that will reduce the spread of germs and illness. Staff should set a good example. Frequent and proper handwashing, by children and staff, is one of the most important things to do. Disposable, waterproof gloves will provide additional protection. Make sure that you regularly clean and sanitize areas for diapering, toileting, and eating. You can reduce germs by daily cleaning toys and furniture with soap and water, then sanitizing them with a bleach solution. Air the rooms every day. Allow plenty of space

between cots and cribs for air to circulate. Diapers should go into plastic-lined containers with tight-fitting lids. Trash cans also need plastic liners. These containers must be emptied and cleaned regularly.

A safe and healthy environment will protect children. Inspect both the indoor and outdoor areas every day to find possible hazards. Lead poisoning, toxic plants, and some art supplies can be very dangerous. Take measures to keep your facility a safe place for young children. Be diligent about checking all warning labels of products in order to store them safely. Purses and personal belongings of staff, parents, and visitors should be kept out of the reach of children.

BE ALERT TO SIGNS AND SYMPTOMS

Staff should recognize the basic signs that a child is not well. It is very important for the safety of the child to give immediate attention to symptoms of illness or injury. *Respond quickly* when a child has any of these symptoms:

Fever (100°F axillary, 101°F oral, 102°F rectal)

Vomiting

Sore throat

Red eye with discharge

Neck pain or stiff neck

Severe headache

Diarrhea

Body rash

Severe coughing

Yellowish skin or eyes

Uneven pupils

Swelling

Sometimes there is no dramatic sign to tell you that a child is not well. A caregiver who is familiar with a child's normal appearance will notice a runny nose, flushed face, rapid breathing, or dull eyes. Other signs that something may be wrong: rubbing or pulling at the ears; "favoring" or holding a limb unnaturally; curling up to protect the abdomen; crying for long periods of time. Alert another staff member when you see something that concerns you about a child and decide what steps you need to take to care for the child.

RESPOND APPROPRIATELY TO ILLNESS AND INJURIES

forms 18B, 19B

Take immediate action to protect the child from further harm. The caregiver who is prepared will know the steps to follow. Identify the child's symptoms. If they are severe, professional advice or treatment may be needed. Call your health consultant or 911 and be prepared to thoroughly describe the child's condition. If the child has been hurt, be ready to give exact information about the accident. Administer appropriate first aid. When medication is needed for emergency treatment (for example - syrup of ipecac or activated charcoal), *give only as instructed* by the Poison Control Center or a physician.

Call the parent or guardian as soon as possible, especially when a child is injured above the shoulders or receives a hard blow to the torso. Even if there is no visible injury, it is the best practice to inform a parent or guardian right away. It is important to thoroughly and accurately describe the child's condition so parents can make an informed

decision about whether or not to seek medical attention for their child. Call the parent again if symptoms appear more serious as time passes.

Give the child intensive and personalized care. Have a place (a “get-well area”) where you can *isolate but still supervise* a child who shows signs of having a contagious illness. Another staff member may have to relieve the caregiver who is dealing with the sick or injured child. Your staffing patterns must allow for an adult to be taken out of the staff/child ratio in an emergency without putting other children at risk.

DOCUMENT INCIDENTS AND ILLNESS

forms 10B, 11A-r, 20B, 21B

Write an incident report as soon as possible. When an injury occurs or symptoms of illness are noticed, a written report should be prepared by the caregiver supervising the child. If more than one teacher was involved, each of them should record what happened. Each person writing a report should sign and date it. Describe in detail the nature of the incident and how it was handled. Describe any first aid that was administered and emergency transportation that was used. Explain what follow-up action was taken. List any witnesses to the incident. Document the date and time you notified the parent or emergency contact about a child’s injury or illness. Include the names of the person making the report and the person(s) contacted. This report should be made for both major and minor injuries and illnesses. All incident reports must be listed on the facility’s incident log.

Share the report with the parents or guardian. Have them sign it and give them a copy. Place copies of this report in the child’s file and in the administrative file. If the child received medical attention, send a signed copy of the report to your child care consultant within seven days of the incident.

When infectious and contagious diseases occur in your program, notify all the families. Post a notice where parents will see it. If possible, give them a handout explaining the disease, symptoms, and appropriate treatment. Remember that individual children’s health conditions must be kept confidential. Know which infectious and contagious diseases you are required to report to the Health Department.

Keep a daily log on each child. A notebook or binder with a section for each child can be kept in the classroom. This gives staff a chance to record children’s routines and patterns of behavior. Sometimes a child shows signs that cause you concern. Then you can review the log to confirm whether these signs are typical or unusual for this child.

FOLLOW UP ACCIDENTS WITH PREVENTIVE MEASURES

When any accident or injury occurs, find out how it happened. The director should discuss the incident with all of the staff who were involved. In the case of serious injury or confusing circumstances, ask staff to give a written account of the incident. Look closely at how the child was being supervised when it occurred. Can someone describe what

happened, or was there no one observing the child at the time? Were there enough caregivers to safely supervise the number of children present? Was unsafe equipment involved? Were safe procedures being followed?

Directors or staff in child care facilities should report questionable incidents to regulatory agencies. At times this may be necessary to protect children from risk of harm. This may not be an easy step to take, but it is essential.

Make changes that will help prevent future incidents. If no one saw the incident, staff may need training on how to closely supervise children. Perhaps there were not enough adults to safely care for the number of children present at the time of the incident. You may need to add more staff or adjust your staffing patterns. A change in the room arrangement might make it easier to visually supervise children at all times. Be sure to always have enough adults so that someone can be spared to take care of an emergency situation.

Did you find hazards in the physical environment? Some examples are sharp points, corners, or edges, tripping hazards, slippery floors, lead in paint or water fountains, poisonous plants, and hot water temperature. Correct any hazards immediately. Carefully inspect your facility for other overlooked dangers that could lead to problems in the future.

Examine your policies and procedures. If they don't guarantee that safe practices will be followed, rewrite them now. Be sure all staff follow them. (Written policies and procedures should be dated so there is no confusion about current practices.) Regularly review safety rules with children. Children can help make a safer environment when they know what behaviors are expected and if they understand why.

Medication Safety.....

PLAN AHEAD

It will often be necessary to handle and administer medication to children in your child care facility. Giving medication is risky, but if you follow these important steps every time, it can be done safely. Remember that *medication* includes such things as diaper cream, teething gel, powder, peroxide, antibiotic ointment, sunscreen, and insect repellent, as well as prescription and over-the-counter patent medicines. Parents may also ask you to give children home remedies, herbal treatments, homeopathic medicines, and medicine from other countries. All of these should be treated as medication and must have the required authorization from a health care provider.

Your program needs to have written medication policies and procedures. These will explain your guidelines for administering medication to children. They tell families what their responsibilities are when they ask you to give medicine to a child. Include in detail what they must do to give permission and instructions. Describe proper handling of medication by the parents and the facility. Review the policies and procedures with all families when they enroll a child and give them a copy. Post them in your facility for quick reference.

Staff must be trained to follow the policies and procedures. The best practice is to designate and train specific staff members to administer medications. However, *all* staff need to understand the policies. If a parent brings in medication to be given to a child, the caregiver on duty must be sure to get the signed permission form and specific instructions. The caregiver and the parent should go over the instructions together to be sure they are clear, complete, and agree with the label directions. This information must be given to the staff member who will give the medicine. All staff must know how to handle and store medication safely. Staff must practice sanitary procedures when handling and giving medications. They also need to know the system for recording medication given to a child.

Have a plan for medication emergencies. The *Emergency Care Plan* in your facility will be important in case a child suffers a severe reaction to medication. Review it regularly, and always know who is designated to be in charge in an emergency. Be sure that the telephone number for Poison Control is prominently posted near all phones, along with 911 and your health consultant's number. Ask parents to provide information from their doctor or pharmacist about the possible reactions and side effects a child may experience. Both the staff who give policies and procedures with all families when they enroll a child and give them a copy. Post them in your facility for quick reference.

Staff must be trained to follow the policies and procedures. The best practice is to designate and train *specific* staff members to administer medications. medications and the child's regular caregivers need this information.

HANDLE MEDICATIONS WITH CAUTION

Medications must be transferred between responsible adults and caregivers. A child's medicine must be handed directly to the designated staff by a parent or guardian. If the child rides to school on a van or bus, the medicine must be given to the driver or monitor to deliver to the facility. It must never be carried by the child or in the child's bag. There should be a system for checking medications in and out of the child care facility.

All medication must be kept in separate, locked storage. Put medication in a locked cabinet or drawer away from other hazardous chemicals and supplies. If it must be kept cold, put it in a locked box in the refrigerator. If the medication is carried on a van or bus that transports the child, it must be kept in a locked container there as well, and must be kept cold if that is required. All staff medications must also be locked away. It is dangerous to leave them in a purse, pocket, or other unsecured place.

Medication must be disposed of properly. Return unused portions of medication to the parent when the course of treatment ends. If you must dispose of medication yourself, throw it away where it cannot be retrieved – down the toilet or the sink.

HAVE WRITTEN PERMISSION AND INSTRUCTIONS TO GIVE MEDICATION

form 12A-r

Parents must give permission for any medication to be given to their child. Your medication policy should require a specific permission form. The parent or guardian must fill this out completely and *sign it* if they want the facility to administer any kind of medication to their child. Permission for ongoing medications must be renewed at regular intervals. Review the form weekly.

The permission form should include the child's name, the name of the medication, the correct dosage to be given, and the specific dates and times it is to be given. It should have a place for a caregiver to record and sign each time she administers the medication to the child. It must have a place for the parent's signature. Review the form with the parent when the parent delivers the medication. Always ask what time the parent gave the last dosage at home.

Specific instructions for giving a medication must be written. There should be a place for these on the permission form. They must be written clearly and legibly. *Do not rely on verbal instructions.* The person giving the medication should check the instructions every time. Be sure the instructions on the form match the instructions on the medication itself. Over-the-counter medications must be given as instructed on the package, unless a health care provider has written and signed instructions for a different dosage.

North Carolina child care regulations allow parents to give specific time-limited blanket permission to child care providers to administer certain medications to their children:**

*****Parents may provide written blanket permission with specific instructions for up to 6 months for administering medication for asthma and allergic reactions.***

*****Parents may provide written blanket permission with specific instructions for up to one year for applying sunscreen and over-the-counter diapering creams.***

*****Parents may provide written blanket permission to administer a one-time, weight-appropriate dose of acetaminophen when they cannot be reached.***

DISPENSE MEDICATION WITH CAREFUL PROCEDURES

form 13A-r

Only trained staff members should administer medication. They should always use a checklist of the steps to do this safely. Great harm can come to children when their medication is given incorrectly. It is not worth taking risks. Anyone who gives medication to children must know how to do it correctly. They should know what the potential side effects are. They need to prepare the child's other caregivers to recognize side effects if they occur.

Both prescription and over-the-counter medications must be in their original containers. The child's name must be marked on the container. Check this before giving medication to a child. Never give a medication to a different child than the one it was prescribed or provided for. Do not administer any medication past its expiration date. Check to make sure the dosage instructions on the container agree with the instructions on the written permission form. Only dispense over-the-counter medications according to the printed dosage instructions on the container. Any variation on these must be written and signed by a health care provider. Do not accept verbal instructions from the parent or guardian. Non-traditional medications (home remedies, herbal or homeopathic treatments, foreign medicines) should not be given unless you have written authorization and instructions from a physician.

Make sure that children get the right amount of their medication. Use standard, accurate tools to measure correctly. A teaspoon and a tablespoon are specific amounts. They are NOT the spoons you use to stir your tea or eat your soup! You can get helpful measuring devices from a pediatrician or at the drugstore. These make it easy to measure the correct, prescribed dose and easy for the child to take the medicine. Training is necessary to give medicine using any special equipment such as feeding tubes or nebulizers (breathing machines for children with asthma).

Closely supervise children when giving them medicine. Watch to see that a dose by mouth is swallowed. Keep children still when they take medicine; this is not the time for them to be moving about the room. When giving eyedrops or eardrops, know how to hold a child so the drops get in and stay in.

Give medication in a consistent location. Some programs designate a specific place for medication to be given to a child. This area sets it apart from the many distractions in the classroom. Whether it is the child's regular caregiver or another designated staff member who gives the medication, this system allows close supervision of the process. If medication is given in the classroom, someone who is able to give full attention to the task should do it. Wherever medication is given, *deal only with one child at a time*.

DOCUMENT MEDICATION GIVEN TO CHILDREN

form 12A-r

Keep Permission to Administer Medication forms where they are easily seen by staff. They should be posted in a convenient place to remind staff when a child is due for medication. If medication is given in the classroom, that is where the forms should be posted. They must be easy to reach so that each time a dose is given, the responsible staff person can fill in the time, the dosage given, and sign the form. Never give any medication to a different child than it was prescribed or intended for. If this accidentally occurs, contact your health consultant or Poison Control immediately. Notify the parents and complete an incident report.

Make a note of any problems with giving a child's medication. Sometimes a child will refuse to take medication, or may spit it up again. Spills can occur in the process of giving medicine to a child. Be sure to record any of these that may affect the dosage a child receives. Consult the health consultant listed on your emergency care plan to determine if a missed or incomplete dosage is critical. Notify the parent if administering the medication is essential to the child's health or well-being. If a child experiences side effects, be sure to record the symptoms. Contact your health consultant and notify the parent immediately. If a child has a severe reaction to medication that requires professional help, fill out an incident report form.

Record medications in a log. Keep a form listing all children who received medication, the medication name, and the dates it was administered. Put this form in a notebook with your Permission to Administer Medication forms. Organize them by month, with the most recent at the front. Keep permission forms on file in the log for at least six months.

ACCIDENTS, ILLNESS, and MEDICATION SAFETY

BE PREPARED . . .

HAVE AN EMERGENCY CARE PLAN

- Have clear written instructions for handling emergencies.
- Post this Emergency Care Plan in all rooms. **(form 1B)**
- Name person to be in charge in an emergency, and a back-up when needed.
- Remain calm, follow procedures, and give instructions.
- Have enough staff with required first-aid and CPR training on every shift.
- Post an evacuation plan in every room and have monthly practice drills. **(form 2B)**

ARRANGE FOR PROFESSIONAL ADVICE

- Find a medical professional to consult and advise you.
- Confirm emergency arrangements with the health consultant by letter. **(form 3B)**
- Give a copy of your Emergency Care Plan to the health consultant.

PLAN FOR EMERGENCY TRANSPORTATION

- Plan a means of transportation in case of an emergency.
- Get signed permission to transport children for emergency care. **(form 9A-r)**
- Post clear written directions to the nearest emergency facility.
- Post clear written directions for an emergency vehicle to find your facility.

KEEP EMERGENCY INFORMATION CURRENT

- Update all emergency information on children and staff regularly. **(forms 9A-r, 9B)**
- Follow a schedule to update family contact numbers and alternate contacts.
- Have signed permission for emergency treatment for every child. **(form 9A-r)**
- Post emergency phone numbers. **(form 10A-r)**
- Post critical emergency information near your telephones:
 - ___ **policies and procedures**
 - ___ **contact lists of parents and alternates named for emergencies (form 9A-r)**
 - ___ **lists of children's and staff's allergies and special health conditions (form 9A-r)**
- Post up-to-date first-aid, choking, and CPR charts in all rooms. **(forms 14A-r, 14B)**

PREPARE STAFF AND SUPPLIES FOR EMERGENCIES

- Train staff on the emergency care plan and review it at least twice a year.
- Have enough staff to handle emergencies and provide regular supervision.
- Use Universal Precautions for protection when in contact with blood. **(form 4B)**
- Have basic first-aid supplies and gloves available at all times. **(form 5B)**
- Check and restock first-aid kit regularly.
- Follow a schedule to check and recharge fire extinguishers.

ANTICIPATE NORMAL INCIDENTS

- Be aware of developmental behaviors that can lead to injury.
- Have procedures ready to handle biting, hitting, shoving and scratching.
- Train staff to follow these procedures.
- Let families know how you will deal with aggressive behaviors.

WHEN A CHILD IS SICK OR HURT . . .

BE PROACTIVE

- Require medical exams, health histories, and immunizations for enrollment. (*form 6B*)
- Post written policies and procedures for handling illness and injury.
- Explain and give the illness/injury policies and procedures to each family.
- Train all staff to follow the policies and procedures for illness and injury.
- Do a health check of each child on arrival, through the day, and at departure. (*form 10B*)
- Observe children closely for changes in mood, energy, and appearance. (*form 10B*)
- Know the signs of child abuse and neglect and how to report it.
- Make sure staff is healthy and physically/emotionally fit to care for children. (*forms 7B, 8B*)
- Follow sanitary practices to reduce the spread of germs and illness. (*forms 11B, 12B, 13B*)
- Inspect indoor and outdoor areas carefully for hazards. (*forms 15B, 16B, 17B*)

BE ALERT TO SIGNS AND SYMPTOMS

- Train staff to recognize signs and symptoms of illness and injury.
- Give immediate attention to signs of illness or injury.
- Identify symptoms and decide what steps to take.
- Respond quickly to these symptoms:

Fever (100°F axillary, 101°F oral, 102°F rectal)

Vomiting

Sore throat

Red eye with discharge

Neck pain or stiff neck

Severe headache

Diarrhea

Body rash

Severe coughing

Yellowish skin or eyes

Uneven pupils

Swelling

RESPOND APPROPRIATELY TO ILLNESS AND INJURIES

- Protect the child from further harm.
- Be prepared to describe the child's condition.
- Contact 911 or the health consultant when symptoms are severe.
- Give first-aid or CPR. Give emergency medication as instructed. (*forms 18B, 19B*)
- Notify parents as soon as possible.
- Give the child intensive and personalized care, in isolation if needed.

DOCUMENT INCIDENTS AND ILLNESS

- Require each caregiver supervising the child to write an incident report & log. (*forms 11A-r, 20B*)
- Give the report to the parents and have them sign it.
- Place copies of the report in the child's and the administrator's files.
- Send a copy to the child care consultant if medical care was received.
- Notify families of any infectious disease in the facility. (*form 21B*)
- Keep a daily log on each child to record patterns and changes in behavior. (*form 10B*)

FOLLOW UP ACCIDENTS WITH PREVENTIVE MEASURES

- Find out the cause of an accident or injury.
- Make needed changes to prevent repeat incidents.
- Increase the number of staff if needed for safety.
- Review with staff how to provide careful supervision.

MEDICATION SAFETY . . .

PLAN AHEAD

- Post written policies and procedures for handling and giving medication.
- Explain and give the medication policies and procedures to each family.
- Train all staff to follow the medication policies and procedures.
- Name and train specific staff to handle and give medication.
- Tell staff possible side effects or reactions to a child's medication.

HANDLE MEDICATIONS WITH CAUTION

- Check medications in and out; restrict handling to responsible adults.
- Keep all medication in locked storage.
- Keep medication that needs to be cold in a locked container in the refrigerator.
- Give medication that is carried on a vehicle to the driver or monitor.
- Have locked containers for medication on vehicles.
- Return unused portions of medication to the parent.

HAVE WRITTEN PERMISSION AND INSTRUCTIONS TO GIVE MEDICATION

- Require a special permission form to give medication to a child. (**form 12A-r**)
- Require parents to fill out and sign medication permission forms.
- Require instructions to be clearly written.
- Go over the instructions with the parent.
- Give over-the-counter medications as instructed on the container.
- Require the child's health care provider to write and sign any changed instructions.

DISPENSE MEDICATION WITH CAREFUL PROCEDURES

- Allow only trained staff to give medication to children.
- Require training to use special equipment (breathing machines, feeding tubes).
- Wash hands and follow sanitary practices when giving medication.
- Follow the steps on the Checklist for Administering Medication. (**form 13A-r**)
- Require prescription medications to be in the original container with:
 __ **child's name** __ **name of medication** __ **health care provider's name**
 __ **correct dosage** __ **date filled** __ **pharmacy name and phone**
 number
- Require over-the-counter medication to be in its original container with child's name on it.
- Never give any medication to a different child than it was prescribed or provided for.
- Never give any drug or medication after its expiration date.
- Use standard, accurate tools to measure medication correctly.
- Give medications in a consistent place with close supervision.

DOCUMENT MEDICATION GIVEN TO CHILDREN

- Post current Permission to Administer Medication forms in a specific place. (**form 12A-r**)
- Have person giving medication immediately record time and dose given, and sign form.
- Record any problems when giving medicine to a child (refusal, spit-ups, spills).
- Record any bad reactions a child has to medication.

File forms by month with correct medications log; keep forms at least six months.

RESOURCES

for

ACCIDENTS, ILLNESS and MEDICATION SAFETY

Agencies and Associations

- **AMERICAN ACADEMY OF PEDIATRICS**
141 NORTHWEST POINT BOULEVARD
P.O. BOX 747
ELK GROVE VILLAGE, IL 60009-0747

1-888-227-1770

FAX 847-228-1281

[Free catalog of current literature]

- **CAROLINAS POISON CENTER**
P.O. BOX 32861
CHARLOTTE, NC 28232-2861

Emergency: 1-800-848-6946
or 704-355-4000

Information: 704-395-3795

[Designated statewide poison center for NC and certified as a regional poison control center by the American Association of Poison Control Centers (AAPCC).]

- **NATIONAL CHILD CARE INFORMATION CENTER**
243 CHURCH STREET, NW, 2nd FLOOR
VIENNA, VA 22180

1-800-616-2242

FAX: 1-800-716-2242

TTY: 1-800-516-2242

E-mail: info@nccic.org **World Wide Web: <http://nccic.org>**

[Maintains a large database of resources and has access to a wide range of research about early childhood education and the needs of children and families; also publishes the Child Care Bulletin, focusing on issues in the child care field.]

- **NATIONAL RESOURCE CENTER FOR HEALTH AND SAFETY IN CHILD CARE**
UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER AT FITZSIMONS
CAMPUS MAIL STOP 6508
AURORA, CO 80044-0508

1-800-598-KIDS

FAX: 303-315-8660

E-mail: Natl.child.res.ctr@UCHSC.edu

World Wide Web: <http://nrc.uchsc.edu>

[Seeks to enhance the quality of child care by supporting state and local health departments, child care regulatory agencies, child care providers, and parents in efforts to promote health and safety in child care.]

- **NORTH CAROLINA CHILD CARE HEALTH & SAFETY RESOURCE CENTER**
P.O. BOX 12509
RALEIGH, NC 27605

1-800-CHOOSE-1 (1-800-246-6731)

FAX: 919-835-9142

[Provides training, consultation, and resources for North Carolina's child care]

Publications

- **ABC's Of Safe And Healthy Child Care – A Handbook For Child Care Providers**
a project of: Department of Health and Human Services
United States Public Health Service
Centers for Disease Control and Prevention

order from: North Carolina Health and Safety Resource Center (*listed under Agencies . . .*)
cost: currently free (*in limited quantities*)
- **Model Child Care Health Policies,**
prepared by ECELS Staff of Healthy Child Care Pennsylvania

order from: American Academy of Pediatrics (*listed under Agencies . . .*)
cost: approximately \$5.00
- **Lead Poisoning – DOs and DON'Ts** (*brochure*)

order from: NC Department of Environment, Health, and Natural Resources
Division of Environmental Health
Children's Environmental Health Branch
919-715-5385
- **National Health and Safety Performance Standards – Guidelines for Out-of-Home Child Care Programs** (also published as **Caring for Our Children**)
a project of: American Public Health Association and American Academy of Pediatrics

order from: American Academy of Pediatrics (*listed under Agencies . . .*)
cost: approximately \$40.00
- **Caring for Our Children Video Series**
boxed set of six videos with 84 page booklet

order from: American Academy of Pediatrics (*listed under Agencies . . .*)
cost: \$75.00