

BEYOND BAND-AIDS

PREVENTING AND RESPONDING TO INJURY AND ILLNESS IN EARLY CARE AND EDUCATION

A HANDBOOK FOR NORTH CAROLINA'S EARLY CARE AND EDUCATION WORKFORCE

THE SECOND UNIT IN A SERIES ON

SUPERVISION

**A guide for the protection of children and early educators in
early care & education settings**

**DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

A Handbook for Preventing and Responding to Injury and Illness in

Early Care and Education

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Beyond Band-aids Resources

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How to use this Handbook

The Preventing and Responding to Injury and Illness Handbook is addressed to anyone who provides out-of-home care to children, and especially to early educators in licensed family child homes and child care centers. It is also designed to be used as a companion to the Beyond Band-Aids PowerPoint presentation which was intended to be flexible so that it might fit into various time frames. This is the second unit in the SUPERVISION Series, a guide to the protection of children and early educators in early education settings, produced by the North Carolina Division of Child Development and Early Education.

The handbook contains step-by-step instructions on safe procedures for dealing with injuries, illnesses, and a brief overview of administering medication safely in early care and education settings. These guidelines will help lessen the likelihood of incidents that may sometimes lead to child abuse/neglect investigations in early care and education settings. More importantly, ***following these guidelines will help protect children from harm.***

Read through the entire handbook to become familiar with what it offers. Many sample forms that are mentioned in the handbook are included in the resource section. Most 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 the SUPERVISION Series. These useful forms can be copied as needed.

The checklists that are provided throughout the handbook are quick-reference guides. The checklists will help you follow safe practices when you deal with injuries, illnesses, and medications. *Master copies of the checklists are provided for you to copy and use on a regular basis or as needed.*

A PowerPoint presentation is also available with notes for trainers presenting BEYOND BANDAIDS. It can be used to conduct workshops or in-service training on accident, illness, and medication safety. It is intended to be flexible so that it might fit into various time frames.



Introduction to Preventing and Responding to Injury and Illness in Early Care and Education Handbook

Children get hurt. Children get sick. Sometimes children must take medicines. These facts of life are just as true for children in early care and education 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 such situations safely and appropriately is a serious task, and statistics show that *many need to be better prepared to do this well*.

When early educators provide careful supervision and a safe environment, many accidents and injuries are prevented. Well-trained and observant staff will recognize the signs of illness and know how to respond when a child shows such signs. Staff well-trained in medication administration will follow careful procedures when a child needs to be given medicine. They will check for written permission and follow the “6 Rights of Safe Medication Administration”.

Remember, *careful planning and proactive, protective measures* will help insure children's safety. If staff members respond appropriately to accidents, injuries and illnesses, and follow careful procedures when administering medication, the risk of harm or injury to children will be greatly reduced. It will also reduce liability for the staff and the child care facility.

How are *you* doing with these responsibilities? If *you* are 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.

BEYOND BAND-AIDS!

BE PREPARED....

Develop an Emergency Medical Care Plan

(Forms 1B, DCD-0308, DCD-0015)

Rule .0802, .0705

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 Medical Care Plan*. It should include how to respond to a medical emergency for any age child enrolled and give clear instructions to follow in case of an accident, injury, or illness that requires emergency medical attention. 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 Medical Care Plan*.

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

The *Plan* also names the staff responsible to give necessary first aid or CPR. Staff members must have completed a first aid course in the last three years and CPR training must be renewed on or before the expiration of the certification or every two years. Schedule staffing so that enough trained staff members are always on duty for the number of children enrolled and the ages of the children in care. It is always helpful for the staff to also be trained in Adult CPR in case a co-worker or family member needs CPR.

The *Plan* names back-up staff to cover emergencies. Arrange for alternate staff who can take charge in the classroom when necessary. Family home providers must arrange to have someone qualified who can back them up in an emergency. The substitute caregiver must be at least 18 years of age, trained in First Aid and CPR, and show proof of a negative TB test result or documentation that they are free of active TB. Effective January 1, 2013, all staff, including volunteers, counted in staff/child ratios must have a state-wide criminal record check completed by DHHS prior to being hired to care for children. If a family child care home changes the location of operation, the family child care home providers and household members over 15 years old, including family members and non-family members who use the home on a permanent or temporary basis as their primary residence, a certified criminal history check from the Clerk of Superior Court's office in the county or counties where the provider and household members have lived during the previous 12 months must be submitted.

Arrange for Professional Advice

(Form 3B)

Rule .0803

Sometimes you will need professional medical advice. Your child care facility should have a formal relationship with a health care professional who will be your medical 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, you might have a question about a child's reaction to a medication, or need help deciding if a child needs medical attention for a head injury. Include the medical professional's name, address, and phone number in your *Emergency Medical Care Plan*. Mail a follow-up letter to the medical professional confirming your arrangements and enclose a copy of your *Plan*.

In addition, if you do not know the local Child Care Health Consultant (CCHC) for your area, contact the NC Child Care Health and Safety Resource Center at 1.800.367.2229 for additional information. A wealth of information may be found on their website as well.

(See resource section)



Plan for Emergency Medical Transportation

(Form: Child Care and Emergency Information)



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. In an emergency, first arrange emergency transportation, and then try to reach a parent, guardian, or emergency family representative to inform them about the emergency and the emergency transportation arrangements. You need to have *written permission* from the parent or guardian for emergency transportation.

To help an emergency vehicle such as an ambulance find you quickly, post clear directions to your facility, including the street address, 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. *Stay on the phone until the dispatcher says you can hang up. The dispatcher will ask for the information needed and assist you in caring for the child until the ambulance arrives.*

Keep Emergency Contact Information Current!

(Forms Child Care and Emergency Information, 10A-r, 14A r, 14B)

Keep emergency contact information available and up-to-date. Copies of the children's and staff's emergency care forms need to be within easy reach. Take them with you whenever you transport children by vehicle or on foot. The forms should include parent permission for the provider to get emergency care for the child.

Follow a schedule to verify the emergency contact information every three months and update whenever changes occur. Make sure the telephone numbers of parents and alternate contacts are current and that all copies of the children's emergency information, including copies maintained in vehicles, are replaced when updates are made.

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

Keep Emergency Contact Information Current!

(Continued)

be familiar with the health histories of the children in their care. When substitutes or floaters are in the classroom they also need immediate access to information about the allergies and health issues 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 beside all phones*. If your community does not have 911 services, post the phone numbers for *fire*, *police*, *ambulance*, and *hospital emergency room beside the phones*. Post the *Emergency Medical Care Plan* and charts about First Aid, CPR and choking where they are visible in every room. Always have access to a cell phone, especially on field trips or when transporting children.

Prepare Staff and Supplies for Emergencies

(Forms 4B, 5B)

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

All staff should know how to use Standard 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. Standard Precautions, also known as Universal Precautions, should be followed for every exposure with all children and staff. It is recommended that the staff review these steps annually.

(See resource: *Universal Precautions*)

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.



(See resource: *Recommended List of First Aid Supplies*)

Prepare Staff and Supplies for Emergencies (Continued)

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 is also a good practice to have a fire alarm system, emergency power pack lights or flashlights, and a battery-operated radio.

(For additional information attend the “Fire Safety” training.)

Emergency Preparedness and Response: Post emergency evacuation and disaster plans in every classroom. 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 transition to a different classroom.

(For additional information, contact your CCR&R to enroll in “Emergency Preparedness and Response” (EPR) Training)

Anticipate Normal Incidents

Some injuries may occur as children develop motor skills and explore their environment.

Stumbling and falling will happen, especially at the toddler stage. Injuries are less likely to occur when developmentally appropriate environments are created and planned with safety in mind so that children can develop their skills safely.

Young children are also beginning to learn how to interact with others. Often they learn the hard way! They have not yet mastered sharing, taking turns, etc. Your facility should have a plan ready to handle biting, hitting, shoving, and scratching if these behaviors occur. These are normal expressions of frustrations for toddlers and some preschoolers. To reduce some of these behaviors, have multiples of favorite toys and equipment and closely supervise young children. Give families a copy of the facility’s guidance, behavior management, and discipline policy and discuss it with them. Explain how staff will deal with aggressive and/or developmental behaviors of toddlers and preschoolers that may result in injuries. It is equally important for staff to know what to expect from parents. Ask parents how they handle their child’s aggressive and/or developmental behaviors. This discussion will decrease the chance for any misunderstandings that might create friction between parents and staff.

Anticipate Normal Incidents (Continued)

Additional Points to Consider:

- In centers, review the guidance, behavior management, and discipline policy and how staff members are expected to respond to aggressive and/or developmental behavior.
- When biting or scratching draw blood, be sure to use Standard Precautions when applying first aid. Because germs carried in blood can pass between the children, notify the parents of both children following your facility's guidelines on confidentiality. Give details on “how” the incident happened including what was going on in the classroom at the time of the incident. “Who” was involved should remain confidential.
- Review incident reports to determine any trends or patterns and make changes as needed.
- Establish and teach safety rules to young children. Consistently enforce and remind children of safety rules.



***Preventing and Responding to Injury and Illness in
Early Care and Education***

BE PREPARED CHECKLIST...

HAVE AN EMERGENCY MEDICAL CARE PLAN

- ☐ Have clear written instructions for handling emergencies.
- ☐ Post this Emergency Medical Care Plan in all rooms.
- ☐ Identify a person, and a back-up person, to be in charge of carrying out each step in the Plan in case of a medical emergency.
- ☐ Remain calm, follow procedures, and give instructions.
- ☐ Have enough staff with required first-aid and CPR training on every shift.

ARRANGE FOR PROFESSIONAL ADVICE

- ☐ Find a medical professional to consult and advise you. Identify a back-up medical professional in case you are unable to reach the primary medical contact.
- ☐ Confirm emergency arrangements with the medical professional/health consultant by letter.
- ☐ Give or send a copy of your Emergency Medical Care Plan to the medical professional/health consultant (CCHC).

PLAN FOR EMERGENCY TRANSPORTATION

- ☐ Plan a means of transportation in case of an emergency.
- ☐ Get signed permission to transport children for emergency care.
- ☐ Post clear written directions, including the street address, for an emergency vehicle to find your facility.

KEEP EMERGENCY INFORMATION CURRENT

- ☐ Update all emergency information on children and staff regularly.
- ☐ Follow a schedule to update family contact numbers and alternate contacts.
- ☐ Have a signed permission form for emergency treatment for every child.
- ☐ Post emergency phone numbers.

SUPERVISION series: Beyond Band-Aids Resources

Division of Child Development and Early Education, NC Department of Health and Human Services, 1999, Revised 2012

Preventing and Responding to Injury and Illness in Early Care and Education

BE PREPARED CHECKLIST..... (Continued)

KEEP EMERGENCY INFORMATION CURRENT (Continued)

- ☐ Post critical emergency information near your telephones:
 - *policies and procedures*
 - *the facility's Emergency Medical Care Plan*
 - *contact lists of parents and alternates named for emergencies*
 - *lists of children's and staff members' allergies and special health conditions*
- ☐ Post up-to-date first-aid, choking, and CPR charts in all rooms.

PREPARE STAFF AND SUPPLIES FOR EMERGENCIES

- ☐ Train staff on the Emergency Medical Care Plan and review it at least twice a year.
- ☐ Have enough staff to handle emergencies and provide regular supervision.
- ☐ Use Standard Precautions for protection when in contact with blood or body fluid that may contain blood.
- ☐ Have basic first-aid supplies and gloves available at all times.
- ☐ Check and restock first-aid kit regularly.
- ☐ Follow a schedule to check and recharge fire extinguishers.
- ☐ Post an evacuation plan in every room and have monthly practice drills.

Consult "Protecting Children in Child Care during Emergencies" on NACCRRA website.

ANTICIPATE NORMAL INCIDENTS

- ☐ Set up the environment to reduce risk of injury when young children are developing motor skills.
- ☐ Have procedures ready to handle biting, hitting, shoving and scratching.
- ☐ Train staff to follow these procedures.

WHEN A CHILD IS SICK OR HURT...

Be Proactive

(Forms DCD-0108, DCD-0313, 8B, 10B, 11B, 12B, 13B, 15B, 16B, 17B)

Illness can spread quickly. Be proactive and plan ahead. Implement practices that reduce the spread of diseases. The amount of illness in child care programs can decrease if careful practices are implemented. This is being proactive - being a step ahead, instead of trying to catch up after things happen. Waiting to respond can result in more children and staff becoming ill.

Medical exams, health histories, and current immunization records are required when children are enrolled in child care programs. Share necessary information with appropriate staff. When staff members know children's special health conditions and needs, they can attend to those needs and provide better care. Children with chronic health conditions need an Individual Health Care Plan. The child's health care professional completes the form and provides the information needed to best meet the child's health needs. Some children with diabetes, allergies, asthma and seizures will also need Health Care Action Plans because their conditions can become severe and even life threatening. Their health care professional should complete a Health Care Action Plan for them. The Action Plan gives the steps to follow in moderate to life-threatening situations. Contact the child care health consultant (CCHC) in your area to further help with individualized health care plans and action plans. ***Remember - this information is confidential.***



Urge families to keep their children's immunizations current as recommended for the age of the child. Immunizations prevent a variety of common vaccine-preventable diseases from spreading.

When illness occurs, encourage parents to take sick children to a health care provider and to report any illnesses, especially contagious diseases to your facility.

(See resource section of Handbook)

REMEMBER ANNUAL IMMUNIZATION REPORT/AUDIT IS REQUIRED BY LAW!

All programs need written policies and procedures for handling illness and injuries. These should be given to and reviewed with each family when a child is enrolled. Policies 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 should understand and follow the policies and procedures.

Pay close attention to each child's physical well-being. Check the general health 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. Early educators who closely observe children will notice when their moods, energy, or appearance are different than usual.



You may see signs and symptoms that could indicate possible child abuse or child neglect. All early educator staff should be trained to recognize those indicators and to know how to report suspected child abuse or neglect as required by law. If it is suspected that abuse or neglect has occurred, either outside or inside the facility, document important information about the child and the suspected abuse or neglect. Then contact the appropriate investigating authorities. You may feel uncomfortable about reporting, but **you must do so** because it is your responsibility as an early educator. Children are especially dependent on us for this protection because often they cannot speak for themselves.

{For more information contact the local or regional CCR&R in your area to enroll in training on “Recognizing Signs of Abuse and Neglect and/or “Preventing Child Abuse and Neglect” (PCAN)}

The health and well-being of the staff is very important. Working in a child care program requires a great deal of physical strength. To care for children and ensure their safety, staff must be in good physical shape. Staff must have a medical report, including a statement of emotional and physical fitness to care for children. Proof of a tuberculin skin test obtained within the last 12 months showing the staff and volunteers are free of active TB is required prior to providing care. All staff health questionnaires and emergency care forms must be kept 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 the best way to reduce the spread of germs. Always remember:

- Use disposable, waterproof gloves for additional protection against germs that spread diseases through direct contact. Wash your hands after removing gloves
- Make sure that you regularly clean and disinfect diapering and toileting areas, and to clean and sanitize eating areas.
- You can reduce germs by daily cleaning toys and furniture with soap and water, rinsing the soapy solution with water, and then sanitizing them with a bleach solution which is allowed to dry for 2 minutes.
- Air out the rooms every day.
- Allow plenty of space between cots and cribs for air to circulate (at least 18 inches by child care requirements and at least 36 inches by Environmental Rating Scale standards).
- Diapers should go into hands-free, plastic-lined containers with tight-fitting lids.
- Trash cans need plastic liners and must be emptied and cleaned daily.

(See NRCKids.org website for resources on how to mix a bleach solution for the purpose of sanitizing and disinfecting)



A safe and healthy environment will protect children. Take measures to maintain your facility as a safe place for young children. Make sure that all toys and art supplies are age appropriate. Be sure to check the following:

- Inspect both the indoor and outdoor areas every day to find and remove hazards such as broken toys, glass, debris, etc. Lead in paint chips, toxic plants, and some art supplies can be very poisonous. Only use art supplies that are non-toxic
- Be diligent about checking all warning labels on products. Store hazardous products safely out of children's reach in locked storage.
- Purses and personal belongings of staff, parents, and visitors must be kept in a locked storage. Medications, make-up, sharp items, etc. found in purses and other personal belongings can be hazardous for young children.

Be Alert to Signs and Symptoms of Illness or Injury

Staff should recognize the basic signs that a child is ill or injured. 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 auxiliary, 101°F orally)

Vomiting

Sore throat

Swelling

Bleeding

Cuts/scrapes

Bruising/skin discoloration

Severe coughing

Red eye/discharge

Neck pain/stiff neck

Bites that break the skin

Burns

Uneven pupils

Severe headache

Yellowish skin/eyes

Any head/face/mouth injury

Holding a limb unnaturally

Body rash

Diarrhea

Diarrhea

Body rash

Yellowish skin or eyes

Be Alert to Signs and Symptoms of Illness or Injury (Continued)

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. Document the concerns and decisions as well as the steps taken in response to the concerns.

Respond Appropriately to Illness and Injuries

(Form 18B)

Rule .0802

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 Medical Consultant/health professional 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, give only as instructed by a physician, or follow instructions given by the Poison Control Center (1-800-222-1222).***

Call your Medical Consultant to get her/his professional advice, especially when a child is injured above the shoulders or receives a hard blow. Then call the parent or guardian as soon as possible to pass along the information. Even if there is no visible injury, it is the best practice to contact your Medical Consultant and then inform a parent or guardian right away. Thoroughly and accurately describe the child's condition and the advice of the Medical Consultant to the parents so you and the parents can make an informed decision about medical attention for the child. Call the Medical Consultant and parent again if symptoms appear more serious as time passes.



Give the child intensive and personalized care. Have a place (a "sick child 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 always be in compliance and must allow for an adult to be taken out of the staff/child ratio in an emergency without putting other children at risk.

SUPERVISION series: Beyond Band-Aids Resources

Division of Child Development and Early Education, NC Department of Health and Human Services, 1999, Revised 2012

Document Incidents and Illnesses

(Forms 10B, 11A-r, DCD-0032, 21B)

Rule .0802

Write an incident report (11A-r) as soon as possible. When a child is injured or exhibits symptoms of illness, the caregiver supervising the child should prepare a written report about the injury or symptoms of illness. If more than one teacher has knowledge about the injury or illness, each of them should record what happened. Each staff member writing a report should sign and date it and include, in detail, information about the illness or how the injury occurred and was handled. In addition, the report should include information about any first aid that was administered and emergency transportation that was used as well as an explanation of any follow-up action that was taken. The report should also include a list of any witnesses to the incident; the name of the Medical Consultant, parent, or emergency contact notified about a child's injury or illness; the date and time the Medical Consultant, parent, or emergency contact was notified; and the name of the person writing the report. A report should be written for both major and minor injuries and illnesses. **Share the report with the parents or guardian.** Have parents sign it and give them a copy. Place copies of this report in the child's file.

When a child receives medical attention for an injury or illness, the written report may be considered an Incident Report, which is required in such instances. The incident must then be listed on the facility's incident log. Send a signed copy of the Incident Report to your DCDEE child care licensing consultant within seven days of the incident.

When infectious and contagious diseases occur in your program, it is highly recommended that you notify all families. Post a notice where parents will see it. If possible, give them a handout explaining the disease, symptoms, appropriate treatment, and any exclusion recommendations. 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 and to parents.

(For more information, contact your local or regional CCR&R to enroll in or locate training on "Communicable Diseases")



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 involved. In the case of serious injury or confusing circumstances, ask staff to review the 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 enough staff members there to safely supervise the number of children present? Was unsafe equipment involved? Were safe procedures being followed?

Early Educators (directors or staff members in child care facilities and family child care homes) should report suspected abuse or neglect incidents to the local department of social services and/or the Division of Child Development and Early Education. 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. Facility directors and staff members and family child care home providers and/or caregivers who were responsible for a child at the time of an incident should write detailed documentation of how the incident occurred, what equipment or circumstances were involved in the incident, and what the child and early educator were doing when the incident occurred.

Make changes that will help prevent future incidents. If no one saw the incident, staff members 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, toys or supplies labeled for older children, slippery floors, lead in paint or water fountains, poisonous plants, and hot water temperature over 110°F. Remove or 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 do not guarantee that safe practices will be followed, rewrite them now. Be sure all staff members follow the most recent policies and procedures. (Written policies and procedures should be reviewed and updated annually or more often if needed. Replace past policies with the new ones so there is no confusion about which practices to follow.) 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.

WHEN A CHILD IS SICK OR HURT CHECKLIST....

Be Proactive!

- ☐ Check children's files for required medical exams, health histories, and immunizations for enrollment.
- ☐ 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.
- ☐ Check the general health of each child on arrival, through the day, and at departure.
- ☐ Observe children closely for changes in mood, energy, and appearance.
- ☐ 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.
- ☐ Follow sanitary practices to reduce the spread of germs and illness.
- ☐ Inspect indoor and outdoor areas carefully and remove hazards on a daily basis.

Provide outdoor time for all children daily (weather permitting).

NOTE: If children are dressed appropriately, cold weather does not cause illness.

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 of illness:

Fever (100°F axillary, 101°F orally)

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 quickly to these symptoms of injury:

Holding a limb unnaturally

Bleeding

Bruising/skin discoloration

Burns

Swelling

Cuts/scrapes

Bites that break the skin

Head/face/mouth injury of any kind

WHEN A CHILD IS SICK OR HURT CHECKLIST....

(Continued)

Respond Appropriately to Illness and Injuries

- ☐ Protect the child from further harm.
- ☐ Be prepared to describe the child's condition.
- ☐ Contact the medical professional to ask questions and get advice when it is unclear about how to respond to an illness or injury.
- ☐ Contact 911 or the medical professional when symptoms are severe.
- ☐ Give first-aid or CPR when needed.
- ☐ Give emergency medication as instructed.
- ☐ Notify parents as soon as possible.
- ☐ Give the child intensive and personalized care, in isolation if needed.

Document Incidents and Illness

- ☐ Require each early educator supervising the child to write an incident report.
- ☐ Give the report to the parents and have them sign it.
- ☐ Place copies of incident reports in the child's file.
- ☐ Send a copy to the DCDEE child care licensing consultant within seven days, if medical care was received.
- ☐ Notify families of any infectious disease in the facility.

Follow Up Accidents with Preventative 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 and adequate supervision.



Review with staff how to provide careful supervision.

MEDICATION SAFETY

Plan Ahead

Rule .0803

It will often be necessary to handle and administer medication to children in your child care facility. If you follow these important steps every time, both 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 medical professional.

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 the families 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, perhaps Director and Assistant Director. However, *all* staff members need to understand the policies. It may be beneficial to have a trained staff member as an observer when administering medications; a person who can substitute in the absence of those who regularly administer medication. 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 staff 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. **(For more information, contact your local or regional CCR&R to locate or enroll in training on “Medication Administration in Child Care”)**

Have a plan for medication emergencies. The *Emergency Medical 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 (1-800-222-1222) is prominently posted near all phones, along with 911 and your medical professional’s number. Ask parents to provide information from their doctor or pharmacist about the possible reactions and side effects a child may experience. Post them in your facility for quick reference.

SUPERVISION series: Beyond Band-Aids Resources

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 and all applicable forms must be completed and on file.

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 in 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. **Exception:** emergency medications should be unlocked and stored at least five feet above the ground and out of the reach of children.

Medication must be disposed of properly. Return unused portions of medication to the parent when the course of treatment ends. If the parent does not reclaim the medication within 72 hours after the treatment is completed and you must dispose of medication yourself, throw it away where it cannot be retrieved — in a trash can or dumpster where children cannot gain access to it. Do not dispose of medications in a toilet or sink. For additional information on disposal of drugs go to <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

Have Written Permission and Instructions to Give Medication

Keep Permission to Administer Medication forms where they can be easily seen. Use a cover sheet if posted, so as not to breach confidentiality of medical information. (It is OK to show if emergency medicines may be needed – i.e. allergy/epi pen).

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 specified intervals.

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. The form should have a place for a caregiver to record and sign each time she administers the medication to the child. It must also 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.

Have Written Permission and Instructions to Give Medication

(Continued)

Specific instructions for giving a medication must be written. There should be a place for these instructions 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 medical professional has written and signed instructions for a different dosage. **Do not** administer medication to a child if the dosing instructions are questionable or differ from the instructions on the medication prescription label or usage/dosage directions on the package.

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 chronic medical conditions such as asthma and for 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, lotions, powders, topical ointments, topical teething gels, and insect repellent.*

***Parents may provide written blanket permission to administer a one-time, weight-appropriate dose of acetaminophen for a fever when the parent cannot be reached. This is especially important if a child is prone to febrile seizures.*



Dispense Medication with Careful Procedures

Only trained staff members should administer medication. They should always use a checklist of the steps to do this safely. It is a good idea to use the “6 Rights of Giving Medication Safely Checklist”. The 6 Rights are:

1. Do I have the **right child**?
2. Am I giving the **right medication**?
3. Am I giving it in the **right way**? (ear drops/eye drops/by mouth/on the skin)
4. Is it the **right time** for the medication? What time does before meals/after meals mean?
5. Am I **measuring right**, with an appropriate measuring spoon or cup?
6. Sign and indicate when the medication is given and know where to keep the records and **right documentation** of having administered the medication.

MEDICAL CENTER

NAME _____ AGE _____
ADDRESS _____ DATE _____

R

C/LABEL _____ SIGNATURE _____

REFILL 0 1 2 3 4 5 PRN NR

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. It is recommended to never give the first dose of a new medicine at child care.

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 medical professional. 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) and use of an epi-pen.



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 administering eye drops or ear drops, 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, *focus on only one child at a time.*

SEE CHART OF 6 RIGHTS OF SAFE MEDICATION ADMINISTRATION:

http://www.healthychildcarenc.org/PDFs/steps_admin_medication.pdf

Document Medication Given to Children

Keep Permission to Administer Medication forms where they are easily seen by staff. The forms should be posted in a convenient place to remind staff when a child is due for medication. Forms should be posted in the classroom if that is where the medication is given. Forms 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 the child for whom it was prescribed or intended. If this accidentally occurs, contact your medical professional or Poison Control immediately and follow their advice. Notify the parents. Document the occurrence on an incident report as required if the child receives medical attention. Also complete a medication error form, a written report that includes the child's name, the date, time, amount and type of medication given, and the name and signature of the person administering the medication. Maintain the incident report in the child's file.

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 medical professional listed on your emergency care plan to determine if a missed or incomplete dosage is critical. Notify the parent immediately of any problems with administering the dosage when 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 medical professional and notify the parent immediately.

If a child has a severe reaction to medication that requires professional medical help, complete an incident report form and record the incident on the facility's Incident Log. Send a signed copy of the Incident Report to your DCDEE child care licensing consultant within seven days of the incident.

Record medications on a medication log. Maintain 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.

Exception: Documentation of administering medication is not required for those medications for which a parent can provide standing authorization for up to 12 months (i.e. over-the-counter topical ointments, topical teething ointment or gel, insect repellants, lotions, creams, and powders - such as sunscreen, diapering creams, baby lotion, and baby powder).

Medication Safety Checklist

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.
- ☐ Identify and train specific staff to handle and administer medication.
- ☐ Tell staff possible side effects or reactions to a child's medication.

Remember, your policy may state that you will **not** administer medication as long as the policy does not violate the Americans with Disabilities Act. For example, if a child has asthma, diabetes, or severe allergies, the facility may need to have emergency medications on hand. These medications would be administered in emergency situations some of which could be life threatening.

Handle Medications with Caution

- ☐ Check medications in and out; restrict handling to designated staff members.
- ☐ Keep all medication in locked storage with exception of emergency medicines. Store emergency medications at least 5 feet above the ground and out of child's reach.
- ☐ Keep medication that needs to be cold in a locked container in the refrigerator.
- ☐ Give medication transported in a vehicle to the driver or monitor with required permission forms.
- ☐ Keep locked containers for medication available in vehicles.
- ☐ Return unused portions of medication to the parent or discard safely within 72 hours after treatment is completed.

HAVE WRITTEN PERMISSION AND INSTRUCTIONS TO GIVE MEDICATION

- ☐ Provide *Permission to Administer Medication* forms for families to use.
- ☐ Explain to parents that they must complete and sign the Permission to Administer Medication form for each medication their child needs.
- ☐ Require instructions to be clearly written.
- ☐ Review the instructions with the parent.
- ☐ Give over-the-counter medications as instructed on the container.
- ☐ Require the child's medical professional to write and sign any instructions that are different from what is on the container.
- ☐ Be aware of time limits on forms giving permission to administer medications.

Medication Safety Checklist...

(Continued)

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.
- ☐ Only accept prescription medications that are in the original container with:
 _child's name _name of medication _health care provider's name
 _correct dosage _date filled _pharmacy name & phone number
- ☐ Only accept over-the-counter medication in its original container with the child's name on it.
- ☐ Never give any medication to a different child than the child for whom it was prescribed or provided.
- ☐ 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.
- ☐ Have staff members document the time and dose given, and sign the form immediately after administering each dosage. Medications listed on 12 month permission slips do not require documentation.
- ☐ Record any problems when giving medicine to a child (refusals, spit-ups, spills, etc).
- ☐ Record any bad reactions a child has to medication.
- ☐ Record any medication error.

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

Resources for Accidents, Illness & Medication Safety

- **NORTH CAROLINA DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION**
ncchildcare.dhhs.state.nc.us
- **NORTH CAROLINA CHILD CARE RESOURCE AND REFERRAL COUNCIL**
www.childcarerrnc.org
- **NORTH CAROLINA CHILD CARE HEALTH AND SAFETY RESOURCE CENTER**
www.healthychildcareinc.org
- **NATIONAL CHILD CARE INFORMATION AND TECHNICAL ASSISTANCE CENTER**
www.nccic.acf.hhs.gov/index.cfm
- **NATIONAL RESOURCE CENTER FOR HEALTH AND SAFETY IN CHILD CARE & EARLY EDUCATION**
www.nrckids.org
- **HEALTHY CHILD CARE AMERICA**
<http://www.healthychildcare.org/>
- **READY NC**
www.readync.org
- **NORTH CAROLINA HEALTH INFO**
www.nchealthinfo.org
- **TOXIC FREE NC**
www.toxicfreenc.org
- **SAFE KIDS**
www.safekids.org
- **CAROLINAS POISON CENTER**
www.ncpoisoncenter.org
- **AMERICAN ACADEMY OF PEDIATRICS**
www.aap.org
- **HEALTHY CHILDREN**
healthychildren.org

Additional Recommended Trainings for Accidents, Illness, and Medication Safety

- ❖ Emergency Preparedness and Response in Child Care
- ❖ Fire Safety
- ❖ Recognizing Signs of Abuse and Neglect
- ❖ Preventing Child Abuse and Neglect (PCAN)
- ❖ Recognizing Communicable Diseases
- ❖ Medication Administration in Child Care
- ❖ Sensible Safe Play
- ❖ CPR & First Aid
- ❖ Safe Playground Supervision
- ❖ Additional Supervision Series Trainings

Check with your local CCR&R to locate and/or enroll in these trainings when offered in your area.