



Health and Safety Policy Handbook

2008-2009

Fisher Early Learning Center
1899 E. Evans Ave. ~ Denver, CO 80208
303-871-2723
www.du.edu/fisher

Health/ Illness Policies and Procedures

Introduction:

The Fisher Early Learning Center is dedicated to the health and well being of the children, families and staff that spend time at the center. Our goal is to keep the environment clean and safe so that infection and illness can be kept to a minimum. Unfortunately, illness is very common in young children because they have emerging immune systems that need exposure to illness in order to make them able to fight infection later in life. Child care/ preschool environments are notorious for increased rates of illness and infections because the children are in close, daily contact with other children and staff members. Illness at FELC is inevitable, especially in the fall and winter months, when the incidence of illness is increased in the community.

Prevention Strategies:

The Fisher Early Learning Center administrative and teaching teams have established the following guidelines to help prevent the incidence and spread of illness and infection at the center.

1. All of the staff has been trained in appropriate hand washing technique. Washing hands before and after diaper changes, food preparation and any time the hands are soiled.
2. All staff is trained in *Universal Precautions* which includes the use of gloves and protective equipment to avoid contact with potentially harmful exposure to body fluids (blood, stool, urine, respiratory secretions, breast milk, etc.)
3. The generous use of disinfectant solution on all potentially contaminated surfaces (diaper changing tables, table top surfaces, food preparation areas, toilets, cots, cribs etc.)
4. The appropriate handling, preparation and serving of food as directed by the food supplier and state regulations.
**** Please see the guidelines for handling breast milk at the back of this booklet ****
5. Appropriate maintenance of toys and other playthings.
 - a. Daily cleaning of toys including soaking in a disinfectant solution for 20 minutes rinse and air drying over night.
 - b. Laundering linens and washable items on a no less weekly basis. Changing and laundering of soiled linens in a timely fashion.

- c. Use of disinfectant spray on toys or equipment that cannot be laundered on a daily basis.
6. Appropriate use and storage of potentially harmful substances.
- a. Medications must be provided by the parent, in the original container, labeled with the child's name, and stored in the nurse's office in a locked cabinet.
 - i. In order for a child to take any medication at the Fisher Early Learning Center you must have a licensed health care provider (M.D., P.A., D.O., and N.P) provide authorization including ***name of medication, dosage, time medication should be administered, length of time medication should be administered and any special concerns.***
 - ii. There will be **NO** exceptions.
 - iii. The form can be faxed to 303 871-7805.
 - b. Over the counter medications must be provided by the parent for each child.
 - i. Siblings cannot share the same bottle of over the counter medications.
 - ii. Appropriate forms must be completed before any over the counter medications can be administered.
 - iii. Over the counter remedies can be administered for up to three consecutive school days unless specifically directed by a licensed health care provider.
 - c. Prescription medications will only be administered if all of the necessary forms are filled out and signed by a parent and the child's health care provider.
 - i. The medication must be in the original container and labeled with a pharmacy label that includes the child's name, name of the drug, clear administration instructions, and the physician's name.
 - d. Parents will be notified by letter when medications expire or are no longer needed.

- i. Parents are given the option to pick up the medication and discard it or for the nurse consultant to dispose of the medication in a safe manner.
 - e. With the exception of emergency medications that are safely stored in the classrooms, ***ALL medications are to be kept in the locked cabinet in the nurse consultant's office. Under no circumstances are medications to be kept in the classrooms (other than emergency medications), cubbies or diaper bags.***
 - f. Parents are welcome to come to the Fisher Early Learning Center and administer medication to their children.
 - g. **State regulations do not allow homeopathic, herbal or vitamin preparations to be given to any child in any child care setting.**
 - h. All poisonous substances are kept out of the reach of all children and/or locked up. The Rocky Mountain Poison Center phone number (303 739-1123) is listed in each classroom.
7. The Fisher Early Learning Center is a strictly **NUT FREE** zone. This is true for any and all forms of peanuts and nuts.
 8. Latex balloons are strictly prohibited in any form. Latex causes a significant allergy and choking hazard. Mylar balloons are acceptable in the classroom
 9. Maintaining updated health information on every child in the center. Colorado state child care regulations require that a health care form and immunization record, signed by a licensed doctor, nurse practitioner, or physician's assistant, must be submitted to the center **within 30 days of initial enrollment.**

******Updated health care and immunization forms must be submitted using the following guidelines:***

- a. **Infants 0-12 months: at 2 months, 4 months, 6 months, and one year of age**
- b. **Toddlers/ Preschoolers: at 18 months and 2 years of age, then annually thereafter.**

Failure to provide updated health and immunization information can result in suspension from the Fisher Early Learning Center until the forms are returned. Parents are notified when updated forms are needed.

10. Children with special health care needs will be identified as early as possible and each child will have an Individualized Health Care Plan created outlining any special precautions, medications, or procedures to be followed. Individualized Health Care Plans must be updated annually or as changes occur.
11. Immunization records are required for each child and staff member. The nurse consultant is responsible to make sure that all children and staff are fully immunized and that the records are up to date.

***** Any child not appropriately immunized per Colorado law faces exclusion from the Fisher Early Learning Center in the event that there is an outbreak of a vaccine preventable disease (chicken pox, pertussis, wild polio, measles, mumps, and rubella) in the community. *****
12. Appropriate and thoughtful exclusion of children who are sick. Each child will be screened for signs of illness when they arrive at the center each day. This screening will consist of verbal communication between the parent and classroom teacher and brief observation of the child for obvious signs of illness (e.g. green or yellow eye discharge).

Exclusion Criteria: Generally speaking most minor illnesses **DO NOT** constitute a reason for excluding a child from a childcare setting. Examples of illnesses and conditions that **DO NOT** necessitate exclusion include:

1. ***Common Cold***

- a. Common colds are caused by many different viruses
- b. Symptoms include runny nose, sneezing, coughing, and mild sore throat, with little or no fever
- c. It is estimated that children **not** in childcare can have as many as 5-6 common colds per year. Children who are in childcare may have as many as 8-9.
- d. Colds are spread by direct contact with someone else who has a cold. The child with a common cold is contagious from the day or two before symptoms begin and for the first five days of illness.
- e. Good hand washing practices are the best way to prevent the spread of the common cold.

- f. Exclusion from childcare is NOT recommended or necessary unless the child cannot participate comfortably in program activities, requires a greater need for care than the faculty can accommodate, or has a fever as outlined above.
- 2. Conjunctivitis (“pink eye”) with **clear** eye discharge, no fever, no eye pain, and no behavior change.
- 3. Rash without fever and without behavioral change.
- 4. HIV infection

Exclusion from a childcare setting IS recommended when such exclusion can reduce the likelihood of secondary cases and to maintain a safe environment for all of the children.

The Fisher Early Learning Center reserves the right to exclude any child from the center who is potentially infectious, requires more care than the staff can accommodate, or who cannot comfortably participate in the classroom activities because of illness. It is our goal to keep children in the center but there will be times that children will need to be sent home or kept home because of illness.

Following are some of the **specific reasons for exclusion** at Fisher Early Learning Center. These guidelines have been established based on state regulations and other pediatric childcare and infectious disease resources.

REASONS WHY YOU’RE CHILD SHOULD STAY HOME OR MIGHT BE ASKED TO GO HOME:

- 1. Illness or injury that prevent the child from participating comfortably in program activities
- 2. Illness or injury that results in a greater need for care than the staff can provide without compromising the health and safety of other children.
- 3. The child has any of the following conditions: fever, lethargy, irritability, persistent crying, difficult breathing, or other manifestations of possible severe illness.
- 4. Fever: PLEASE REFER TO THE FEVER POLICY AND PROCEDURE FOUND AT THE BACK OF THIS BOOKLET.
- 5. Diarrhea
 - a. Diarrhea is the sudden increase in the frequency and looseness of bowel movements.

Mild diarrhea: passage of a few loose or mushy stools

Moderate diarrhea: many watery stools

Severe diarrhea: increased frequency, increased wateriness, and bright green stools, which indicates rapid passage of stool through the gastrointestinal system.

- b. Diarrhea is usually caused by a viral infection. Occasionally, bacteria or parasites can cause diarrhea. Food allergy or too much fruit juice can also cause diarrhea.
- c. Diarrhea can last from several days to a couple of weeks.
- d. The goal of treating diarrhea is to prevent dehydration.
- e. Children **SHOULD NOT** come to FELC when:
 1. They have any stools or diarrhea that contains blood.
 2. They have had more than two diarrhea stools in a four-hour period.
 3. They are having frequent stools that cannot be contained in the diaper.
 4. The diarrhea caused by a known infectious agent (e.g. E coli O157: H7, or Shigella).
 - a. These causes of diarrhea are found on stool culture generally when the child is very sick with the diarrhea, the stool has blood or pus in it, or has had diarrhea for a prolonged period (>2 weeks). These organisms require exclusion until stool cultures are negative for the organisms.
 5. The only exception to the above is if the child has been seen by a health care provider and has been provided with a note approving return to day care.
6. Vomiting more than twice in the previous 24-hour period or during the day at FELC, unless the vomiting is determined to be cause by a noninfectious cause **and** the child is not in danger of dehydration.
 - a. Children with vomiting should remain at home until there has been no vomiting for 12 hours, the child is feeling better, AND the child is tolerating fluids and foods well.

7. Mouth sores that cause drooling unless it is determined by a health care provider that the child is noninfectious.
8. Rash with fever or behavioral change until the fever is gone, the child is feeling better, AND a health care provider or the nurse consultant has evaluated the rash and decided that the child is safe to return to childcare.
9. Purulent (green or yellow) eye discharge or green or yellow crusting on eyelashes in the morning or after nap. (The eyeball itself does not have to be red to have “pink eye”.) Children with purulent drainage can return to FELC once they have been evaluated by a health care provider and on antibiotic therapy for at least 24 hours.
10. Tuberculosis, until deemed noninfectious by the state health department.
11. Bacterial skin infection (impetigo), until on antibiotics for at least 24 hours.
12. Strep throat, until on antibiotics for at least 24 hours.
13. Head lice, until after the first treatment
14. Scabies, until treatment has begun.
15. Chickenpox
 - a. Chicken pox vaccine is required by state regulations for children over twelve months of age and again at 5 years of age. FELC has also encouraged staff and faculty who have not had chicken pox to get the vaccine.
 - b. Chicken pox is a reportable disease in the state of Colorado. Parents of children who are diagnosed with chicken pox are asked to inform the school as soon as possible.
 - c. The child with chicken pox generally has been exposed to someone with chicken pox within the previous two weeks.
 - d. The rash begins as small red bumps that progress to thin-walled water blisters; then cloudy blisters or open sores that are usually less than $\frac{1}{4}$ inch across; and then finally dry, brown crusts. The rash can be on any skin or mucus membrane surface (eyes, mouth, vaginal area, and rectum).
 - e. New bumps continue to erupt daily for up to 4-5 days.
 - f. The fever is usually the highest in the first three to four days of the rash.

- g. Fever after four days of rash is concerning and should be evaluated by a health care provider. Secondary infection (infected pox, ear infection, strep throat, severe skin infection) is not uncommon in children who have chicken pox.
 - h. Children with chicken pox should be excluded from day care until all sores have crusted over (usually 6-7 days).
16. Shingles (a reactivation of the chicken pox virus) that cannot be covered by clothing or at the discretion of the nurse consultant.
- a. Once the shingles have scabbed over the child can return to childcare.
17. Pertussis (whooping cough), until 5 days of appropriate antibiotic therapy has been completed.
18. Mumps, until 9 days after onset of rash.
19. Measles, until four days after onset of rash.
21. Yellow eyes or skin.
22. Hepatitis A virus infection, until one week after onset or jaundice.
23. Children who are not appropriately vaccinated per Colorado law can and will be excluded in the event of a community outbreak of a vaccine preventable illness.
24. Other Specific Conditions:
- 1. ***Bronchiolitis***
 - a. Usually characterized by wheezing and cough in very small children and cold symptoms in older children.
 - b. It is often caused by Respiratory Syncytial Virus, which occurs in epidemics almost every winter.
 - a. It is spread by contact with respiratory droplets via sneezing or coughing and droplets on surfaces.
 - c. The symptoms can last for 1-4 weeks.
 - d. As with most respiratory illnesses, the most contagious period is before there are any symptoms.

- e. However, there can be viral shedding in nasal and cough secretions for up to 3-4 weeks.
 - f. Children with bronchiolitis should be excluded from childcare if they have fever or are too ill to attend.
2. **Croup:** is a viral infection of the vocal cords, voice box (larynx), and windpipe (trachea).
- a. Croup usually lasts for 5-6 days and generally gets worse at night.
 - c. The viruses that cause croup are very contagious until the fever is gone.
 - i. Once the fever is gone, the child is feeling better and drinking well they can return to childcare.

3. **Ear Infection**

- a. Ear infections are not contagious and do not require exclusion from childcare.
- b. However, if the child is significantly uncomfortable despite pain medication and cannot comfortably participate in the program activities or requires a greater need for care that the faculty can accommodate the child should be excluded until feeling better.

Documentation:

There will be careful documentation of observations made by the teachers, administrative staff, or nurse consultant related to the presence of illness (e.g. rash, fever, eye drainage, cough, vomiting, and diarrhea).

An Accident/ Incident Report will be completed whenever an observation of signs of illness is made and parents will be notified of the issue and planned disposition. The center administrators or nurse consultant must sign the form. A copy of the form should be:

1. Given to the parent
2. Placed in the child's center file

Staff Responsibilities:

1. Follow the health and safety guidelines as outlined.
2. Practice careful hand washing practices.

3. Provide clear communication with parents.
4. Provide rapid identification of children with potentially infectious illness, serious illness, or a symptom or illness that is a criterion for exclusion as outlined above.
5. Notify parents in a timely fashion. The parent should be notified within 30 minutes of identifying a potential reason for exclusion.
6. Arrange for isolation of the child until the parents or designated other pick up the child.
7. Complete appropriate documentation.
8. Maintain confidentiality.

Parent Responsibilities:

1. Submit health care forms and immunization records following the aforementioned schedule.
2. Avoid bringing any peanuts or nuts and latex in any form, to FELC.
3. Keep the child home when there are signs of illness that dictate the child should be excluded from childcare.
4. Provide clear communication with the staff.
5. Make every attempt to respond rapidly when called to pick up an ill child from FELC.
 - a. A parent or designated other should pick the child up within 1.5 hours of notification.
6. Follow the guidelines pertaining to when a child can return to childcare after an illness or infection.

The Fisher Early Learning Center strives to provide a safe and healthy environment for the children and faculty. These policies and procedures should help us all to meet this goal. The faculty and administrative staff appreciate your cooperation and hope that all of the children at FELC can enjoy a happy and safe environment.

University of Denver
Fisher Early Learning Center
The Safe Storage and Handling of Breast Milk

The following guidelines are intended to promote the safe storage and handling of breast milk at the Fisher Early Learning Center:

1. Breast milk is a body fluid and Universal Precaution guidelines should be implemented during handling.
2. Breast milk that is brought to the Fisher Early Learning Center should be labeled with the following information:
 - a. Child's name
 - b. Date the milk was pumped and put into storage
 - c. The amount in the container.
3. It is important to keep frozen breast milk frozen until ready to be used.
 - a. Partially thawed breast milk (thawed by $\frac{1}{2}$ only) can be refrozen or stored in the refrigerator for up to 24 hours.
4. Milk may be stored:
 - a. In the refrigerator (1-5 degrees C or 34-40 degrees F).
 - i. Thawed milk may be refrigerated for 24 hours maximum.
 - ii. Freshly pumped breast milk may be refrigerated up to 48 hours.
 - b. In a home freezer for 3 to 6 months at -4 degrees C or 20-28 degrees F.
 - c. In a deep freeze for up to 6-12 months at -20 degrees C or 0 degrees F.
5. Breast milk should be thawed or warmed in warm water.
 - a. Avoid thawing in a microwave oven because the germ fighting properties of breast milk can be destroyed and you may create "hot spots" in the milk that could cause injury to the baby.
6. Gently swirl warmed breast milk to mix the fat before a feeding.

7. Thawed breast milk must be used within 2 hours if left at room temperature.
 - a. Freshly pumped breast milk can remain at room temperature for up to 4 hours.
8. Any breast milk left after a feeding must be discarded because of contamination caused by the baby sucking on the nipple.

Source: Lactation Support Services at The Children's Hospital in Denver, Colorado.
2/02

***Fisher Early Learning Center
University of Denver
Health and Safety Handbook Addendum
Fever Policy and Procedure***

Policy:

Children will be excluded from the Fisher Early Learning Center when they have a fever over 100 degrees measured axillary (no adding or subtracting 1 degree), 101 degrees measured by ear or pacifier. Rectal temperatures will not be taken at FELC. Children less than one year of age will have their temperatures taken by the axillary or pacifier method. Children over one year of age will have their temperatures taken by tympanic (ear thermometer) method.

Exception: Any child under 3 months of age with fever greater than 99 degrees axillary will be sent home because any fever in this age group requires consultation/ investigation by a health care provider. The only exception to this rule is fever that occurs within 48 hours of receiving an immunization.

Children must remain at home until the fever has been gone **without fever medicine** for at least 24 hours.

- a. The only exception to this will be if the cause of the fever has been identified by a health care provider and deemed to be non-contagious (i.e. childhood vaccines, ear infection, strep throat on antibiotics >24 hours, etc.). A note from the health care provider will be required (except after normal childhood vaccines). However, if the child with a fever and a non-contagious condition is too ill or irritable to participate in classroom activities, they should remain at home until they are feeling better.

Rationale:

The Fisher Early Learning Center is dedicated to the health and well being of all the children and staff that work here. Our goal is to provide a safe and comfortable place to come and learn.

Fever is a symptom and not a disease. Fever is the body's normal response to infection and plays a role in fighting them. Fever turns on the body's immune system. The usual fevers that children get (100-104 degrees) are not harmful. Most are caused by viral illness; some are caused by bacterial illness. Teething does not cause fever. (Schmitt, 1999)

Children with fever associated with an illness are considered contagious and should have limited contact with other children. Fever, though not harmful, can make children quite uncomfortable and listless and unable to participate in classroom activities.

Treatment:

Fever is treated to help make children more comfortable. The usual treatments for fever include offering plenty of fluids, dressing lightly (but enough covering so the child does not shiver), and giving medications. Tepid baths and rubbing the skin with alcohol are neither helpful nor safe.

The most common medications used to treat fever include:

- acetaminophen (Tylenol/ Fever-All)
- ibuprofen (Motrin/Advil).

These medications can be given at FELC if **all** of the following are true:

1. The cause of fever has been identified by a health care provider and deemed non-contagious.
2. The child has been on antibiotics for at least 24 hours.
3. The child is comfortable and can participate in classroom activities.
4. The child has a signed Medication Administration Policy form and a completed Medication Request form (that must be signed by a health care provider also) in their permanent file.
5. The parent has provided the medication with the child's name on it. The medication must be stored in the locked cabinet in the nurse's office.
6. The teacher administering the medication has signed the Medication Administration Sheet in the locked cabinet.

Health and Safety Handbook Agreement

I have read and understand that our family will follow the policies and procedures set forth in the Health and Safety Handbook for 2008-2009 for The Fisher Early Learning Center at The University of Denver. I know that if I have any questions I am to contact The Executive Director or the Nurse Practitioner to answer my questions.

Child Name – Printed

Classroom

Parent/Guardian – Name

Parent/Guardian – Signature

Date