

# Edward Jost Children's Centre Health Policy

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# **Edward Jost Children's Centre - Health Policy**

## **1. Introduction**

The purpose of the Edward Jost Children's Centre Health Policy is to give parents and educators accurate and complete information so that well informed decisions can be made about when to keep a child at home or send a child home. This policy reflects the current licensing standards and policy directives of the Department of Community Services and the Public Health Office.

The following needs are taken into consideration when a decision is made as to whether a child or educator should remain home:

- Avoidance of contagious illness spreading
- Child's comfort
- Educator's comfort
- Consistent attendance of teachers – ensuring a sense of security for the children
- Minimizing disruption to the flow of group activities
- The ability of educators to maintain healthy standards of hygiene within the constraints of a group care environment

It is the parent's responsibility to prepare themselves and their child in advance for home care – either by arranging flexible days off for themselves or making arrangements with their child's babysitters who are available on call. It is the daycare centre's responsibility to have a list of on-call substitutes who can replace a sick teacher.

We understand and empathize with the inconvenience of keeping a sick child at home, however, a daycare center has the responsibility to ensure that Health Standards and the comfort and well-being of the children are taken with utmost seriousness. We hope that this health policy will be helpful to you and will help us maintain a high standard of health for the Edward Jost community.

## **2. Daily Health and Hygiene**

The Edward Jost staff use, on a daily basis, the following health and hygiene routines:

- Frequent hand washing; before and after eating, after toileting, nose blowing and messy activities (arts, sand, water and outdoor play).

- Regular washing and disinfecting of tables, chairs, toys and play equipment, floors, kitchen, bathrooms, changing surfaces, linens, pillows, etc.
- Ventilating rooms/sleep areas as necessary.
- Careful preparation of snacks and meals, disinfecting dishes and surfaces after each use.
- Teaching, modeling and encouraging children to follow good hygiene practices.
- Daily health checks of each child.
- Exclusion of children who may infect other children.
- Completion of a monthly Environmental and Food Safety Checklist

### 3. Immunization

The Nova Scotia Daycare Act states that:

*19(1) No child shall be admitted to a facility unless the child has immediately before its [his/her] admission been given a medical examination by a qualified medical practitioner and has been immunized as required by the local medical health officer.*

Parents are required to provide up to date immunization information before the child is admitted to the centre. Any child with incomplete immunization will be excluded from attending the centre during an outbreak of a vaccine preventable disease.

#### 3.1 Vaccination Times

Age	Vaccine	Protects Against
2 months	DaPTP, Hib	Diphtheria, Pertussis, Tetanus, Poliomyelitis, Maemophilus Influenza Type b
4 months	DaPTP, Hib	
6 months	DaPTP, Hib	
12 months	MMR	Measles, Mumps, Rubella
18 months	DaPTP, Hib	
4 – 6 years	DaPTP, MMR	

### 4. Daily Health Check

The Nova Scotia Daycare Act states that:

*19(4) Every facility is responsible for the recognition of symptoms of ill health of the children in the facility.*

As children arrive at the daycare staff will do a health check of each child. Teachers will note whether the child appears healthy, or is flushed and may have a fever, a persistent cough, runny nose, etc. If the child does not meet health criteria and poses a risk of infection to other children, or staff, the parent(s) will be asked to make other child care arrangements for the day.

If the child is returning after an absence due to illness the parent(s) will be asked about his or her health (whether on medication, sleep needs, eating needs, lingering symptoms). For illnesses that require antibiotics the child will not be able to return to daycare until 24 hours after the first dose of the medication.

## **5. Exclusion Criteria**

The Nova Scotia Daycare Act states that:

*19(5) Where a child has symptoms of a communicable disease, the child shall be safely removed and not permitted to associate with other children in the facility until the child can be seen by a qualified medical practitioner.*

Alternate childcare arrangements must be made for a child who appears ill and has a fever. A child who has a fever in combination with any of the following symptoms will be excluded.

- Earache
- Skin rash
- Persistent cough
- Diarrhea
- Vomiting
- Breathing difficulty

A daycare environment is not designed for the care of sick children. Since the centre is not able to isolate sick children a parent or another caregiver must pick up the sick child as soon as possible after notification. The teachers will make the sick child as comfortable as possible until he/she is picked up.

A child, who is not well enough to take part in daycare activities, including outdoor play, should stay home. Parents may be called if their child is listless or excessively sleepy, fussy or cranky. Sometimes children need the extra care and attention of the home environment. Their special care needs cannot be met in a group care setting without disrupting child staff ratios and care needs of the other children.

## 5.1 Fever

A fever is one of the most common symptoms of illness in children. A normal oral temperature is 37.0 C or 98.6 F. A normal underarm temperature is 36.5 C or 97.6 F.

A child's body temperature fluctuates much more rapidly than an adult's. A child with a sudden high temperature is not necessarily ill. An underarm temperature of 38.5 C (101.3 F) that lasts for 30 minutes or longer indicates illness.

	Low – Grade	High-Grade
Under Arm	37.7 C – 38.1 C 99.9 F – 100.6 F	Above 38.0 C Above 100.4 F
Oral	38.0 C – 38.4 C 100.4 F – 101.1 F	Above 38.5 C Above 101.3 F

If we suspect fever we will take an axilla (underarm) temperature and look for other signs of illness. We will take the child's temperature again in 30 minutes, or sooner, if the child appears worse.

Parents will be called if their child maintains an under arm fever of 38.0 C (100.4 F) or higher, regardless of the child's behaviour or ability to participate in the group's activities.

Children with a high-grade fever cannot have their needs met at the daycare and must be kept home until they have had a non- medicated, normal temperature for 24 hours.

Children with low-grade fever will be monitored closely. If they are unable to participate in the group's activities or show other symptoms of illness the parents will be called to come and pick-up their child.

The daycare will not administer Tempra/Tylenol to control fever, when other symptoms of illness are apparent, unless a doctor has prescribed it. Parents will still be expected to pick their child up promptly.

## 5.2 Diarrhea

Diarrhea caused by an antibiotic or a medically identified food allergy is not a reason to keep a child at home, provided the reaction is not severe and the child feels well.

If a child has one episode of diarrhea the parent(s) will be informed at the end of the day. If no more diarrhea occurs, and there are no other signs of illness, the child may return to daycare the next day.

Children must be kept home, or picked up promptly if they experience three or more abnormal stools during the day. Children can return to daycare once they have had normal stools without the help of medication for 24 hours. If diarrhea persists parents should consult their doctor.

Parents will be informed immediately if their child has frequent episodes of diarrhea, appears ill, has a fever, is in pain, or if there is any sign of blood in the stool. In this instance parents will be asked to take their child to the doctor as soon as possible for diagnosis and treatment.

### **5.3 Vomiting**

Children should be kept at home if they vomit for no obvious reason and still feel nauseous after vomiting. If the child has diarrhea, fever, and headache or complains of stomach pain in combination with vomiting they should be kept at home until symptoms disappear.

A doctor must see a child with severe stomach pain and vomiting as soon as possible.

Parents will be informed immediately and expected to pick up their child promptly if he/she vomits more than once or vomits when other signs of illness such as fever or diarrhea are present.

### **5.4 Rash**

Rashes in combination with fever or other signs of illness are usually contagious (e.g. chicken pox, measles). Other rashes can be caused by parasites and are also contagious (e.g. scabies, lice).

If a child has an unidentified rash the parents will be notified. If the Director is concerned about the reason for the rash the parents will have to pick-up the child and have him/her seen by a doctor and treated or declared non-contagious before a return to daycare.

We may require a note from the doctor stating that the child is not contagious and is able to return to group care.

Chronic or recurrent rashes such as eczema, or allergic reactions, that are not contagious and are medically identified do not require exclusion. A doctor's note may be required.

## 5.5 Cold and Cough

Colds and coughs are usually due to a cold virus that is very contagious. Symptoms range from mild to severe. Colds and coughs may be the first indicator of a more serious illness. Young children ordinarily have four or five such infections each year. Children within a daycare community tend to have more colds due to the increased risk of exposure.

Children who have mild cold symptoms and who are well enough to take part in daycare activities, including outdoor play, do not need to be excluded. Teachers will practice good personal hygiene and encourage the children to do the same. The child with the cold or cough will be closely observed for other signs of illness.

A child who has a persistent cough, along with bad cold, fever or other indications of illness, will be excluded.

## 6. Reportable Contagious Disease

If a child is exposed to a contagious disease outside the daycare setting, it is the parent's responsibility to inform the Director as soon as possible. The parent should identify the disease and probable date of exposure.

If the child gets the illness to which he/she has been exposed alternate childcare arrangements will have to be made. For some conditions a child who has been exposed to a contagious disease, but is not yet ill, may also be excluded.

The daycare uses the *Management of Communicable Diseases Chart* from the publication, **Guidelines for Communicable Disease Control in Daycares**, to make decisions about exclusion for common communicable diseases.

The Director has the responsibility to report many communicable diseases to Public Health Services. Should such a report be necessary, the centre will abide by the directives of the Public Health Office. The Director is also required to inform the Public Health Office if at anytime more than 10% of the children are absent due to illness.

### 6.1 Health Alert Board

If children at the centre have been exposed parents will be informed, in writing, of the disease. The daycare will provide information about the disease such as when it may manifest itself and what signs and symptoms to look for. This information will be posted on the Health Alert

Board, adjacent to the Parent Board. Additional copies of the information will be available from classroom teachers for those parents who wish to take a copy home.

## **7. If Your Child is Sick**

If a child is absent due to illness the parent must call and inform the centre. Parents are required to provide information and details relating to the symptoms of their child's illness.

The daycare centre is required to keep a confidential record of this information in order to keep track of symptoms and illness in the centre. Should an outbreak occur these records would be made available to Public Health Services. Records may also be viewed by Daycare Licensing Officers to ensure that the centre is complying with this record-keeping requirement.

If a child becomes sick during the day the parents will be called and are expected to make arrangements to have their sick child picked up within one hour of being notified.

It is important that contact and emergency information be kept up to date. Please inform the office of any changes. Parents should leave an alternate number with the classroom teacher if they will not be reachable at their regular numbers during the day.

## **8. Return to Daycare**

Upon returning to daycare the child must be feeling well, be free of symptoms and be well enough to take part in all daily activities.

If the child was sent home for high fever, diarrhea, etc. the centre has a 24-hour exclusion policy. That means the child will not be admitted the next morning and other childcare arrangements must be made.

The centre will follow exclusion and readmission guidelines for specific infectious diseases or conditions. The director may require a doctor's note stating that the child is no longer contagious and is well enough to participate in daycare.

## **9. Medication**

Occasionally children may require medication during the day. Parents are encouraged to ask their child's doctor to prescribe medication that can be given outside the centre's operating hours.



Medication must be given directly to the child's teacher, and is never to be left in a child's locker.

Daycare staff are permitted to give prescription and non-prescription drugs that have been prescribed by a doctor. Medication will not be given without a signed Medication Permission slip. Parents must fill out a Medication Permission slip indicating dose, time, and include explicit directions as to how the medication is to be administered. Medication must be in its original container with its original prescription label. All dates shown on the medication must coincide with the dates on the permission slip.

Teachers are permitted to give non-prescription drugs. Non-prescription drugs will be given as per directions on labels unless a doctor's note indicates otherwise. Non-prescription drugs will only be given for up to three days without a doctor's note. Non-prescription drugs will only be given to alleviate symptoms of non-contagious conditions, they will not be given to mask the symptoms of contagious illnesses.

## **10. Chronic Health Conditions**

Many children suffer from chronic health conditions that require repeated prescription medication treatments. Respiratory conditions (asthma) or dermatological conditions (eczema) are examples of these chronic conditions. Other conditions might include diabetes, epilepsy or severe allergic reaction.

If a child has a chronic medical condition all staff will be made aware of the child's special needs, normal level of functioning and any precautions necessary in day-to-day activities.

For children with chronic health conditions we require a letter from the child's doctor. The letter should explain the condition, the child's history with it, any agent(s) that are known triggers of an attack, and any special instructions that staff will have to follow with regard to medications, level of activity, or special care in case of illness or emergency.

For those children who may require the administration of daily, or irregular, medication the doctor should include an open-ended prescription and explicit instructions for when and how the medication is to be administered. Along with the parental consent form this allows teachers to administer the medication as necessary.

## **11. Severe Allergies**

At Edward Jost Children's Centre we have an allergy aware environment. Our goal is to create a safer environment for children with life threatening allergies by reducing their risk of exposure to foods or other allergens that may lead to anaphylaxis.

Centre staff will work with all families and visitors to help limit the risk of accidental exposure to the allergen at the centre but we cannot guarantee an allergen-free environment.

It is the parents' responsibility to inform the centre, in writing, of any allergies their child has, the type of reaction that occurs and any signs or symptoms staff should be aware of. Parents must also provide a medic alert bracelet, or other such identification, for their child to wear.

The Director will work closely with the family, and the child's doctors, to develop a written plan that identifies allergy symptoms and the emergency action steps that will be followed if the child is exposed to a known allergen or has a reaction. These emergency plans are then shared with all staff and are posted on the staff bulletin board.

If the child requires an EpiPen the centre will require a letter from his or her doctor. The letter should explain the allergy; the child's history with it and any allergens that are known triggers of a reaction. The doctor should include an open-ended prescription and any special instructions. Along with the parental consent form this allows teachers to administer the EpiPen if it is needed.

The EpiPen is not to be left in the child's locker. It must be given to the child's teachers. We recommend that that parents purchase an EpiPen that can be left at the centre.

The centre usually has at least one child attending who has a severe peanut allergy. For this reason peanut products are no longer included on our menu and we remind all families and staff that these products are not to be brought into the centre. Anyone eating peanut products outside the centre should wash with soap and water to help avoid bringing traces of the peanut product into the centre.

## **12. Conclusion**

This policy document was developed to inform and guide childcare staff, parents and visitors about the many issues that relate to creating a safe

and healthy childcare environment. We hope it will be useful as an educational tool and as a guide for decision-making. Here's to our good health!

### **References:**

- 1) **Centre De La Petite Enfance Les P'Tits Profs Health Protocol** – Concordia University
- 2) **Guidelines for Communicable Disease Control in Day Cares** – Nova Scotia Public Health Services, Central Regional Health Board
- 3) **Life-threatening Food Allergies in School and Child Care Settings** – British Columbia Ministry for Children and Families
- 4) **Our Healthy Children: A Conference for Childcare Workers** – Nova Scotia Public Health Services, Central Regional Health Board
- 5) **Nova Scotia Day Care Act** – Nova Scotia Government
- 6) **Strategies for Prevention of Spreading of Communicable Diseases** – Early Childhood Development Services, Nova Scotia Department of Community Services