

WAC**WAC 170-295-3030****When is a child or staff member too ill to be at child care?**

Your staff must check all children for signs of illness when they arrive at the center and throughout the day.

You must exclude children and staff with the following symptoms from care:

- Diarrhea (three or more water stools or one bloody stool within twenty-four hours)
- Vomiting (two or more times within twenty-four hours)
- Open or oozing sores, unless properly covered with cloths or with bandages
- For suspected communicable skin infection such as impetigo, pinkeye, and scabies: The child may return twenty-four hours after starting antibiotic treatment
- Lice or nits, and
- Fever of 100 degrees Fahrenheit or higher and who also have one or more of the following:
 - Earache
 - Headache
 - Sore throat
 - Rash, or
 - Fatigue that prevents participation in regular activities.
- Children and staff who have a reportable disease may not be in attendance at the child care center unless approved by the local health authority.
- You must not take ear or rectal temperatures. Oral temperatures can be taken for preschool through school age if single use disposable covers are used over the thermometer.
- When a child becomes ill or injured while in your care, you must:
 - Keep a confidential, individualized, written record in the child's file that includes the:
 - Date of an illness or injury
 - Treatment provided while in care, and
 - Names of the staff providing the treatment.
 - Provide a copy of the illness or injury report to the parent, and

- Keep a current, written incident log listing date of illness or injury, the child's name, names of staff involved, and a brief description of the incident for tracking and analysis.
- You must notify parents in writing when their children have been exposed to infectious diseases or parasites. The notification may consist of either a letter to parents or posting a notification for parents in a visible location.
- You are a mandated disease reporter to the health department per WAC 246-101-415. You can obtain a list of reportable diseases, timeframes for reporting and reporting phone numbers from your local health department.

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Children with common colds do not need to stay home. Usually a child has already exposed others before appearing sick. Many illnesses stop being contagious shortly after medication is started. Other conditions are no longer contagious when children first show signs of illness. To exclude or isolate children with non-contagious, mild illnesses can be a hardship on the family and child.

Some infections such as chickenpox, hepatitis, and meningitis require the child to stay home for a lengthy recovery period. Talk to your health consultant or your local health department if you have questions about a particular illness.

You can ask parents to keep their child home for the child's comfort. If children are uncomfortable, disoriented, or irritable, they are better off at home getting the rest and individual attention they need.

The center must have a clear policy on excluding a child from care. This policy should be reviewed when a child is enrolled and must be included in the Parent Handbook. Advise parents to have a back-up plan for their child's care when the child is too sick to be at the center. Children's grandparents or a neighbor may be able to look after them occasionally.

A poster is included on the following page that you can post for parents letting them know when they must keep their child at home.

Note: Encourage parents to allow their child to participate in outdoor activities, even if their child does have a slight cough or runny nose. Fresh air is invigorating and does not cause illness. Germs do. Active play often helps to clear clogged lungs and sinuses and can raise a child's spirits. However, if parents insist that their child stay inside and you agree to care for the child that day, you should respect their wishes.

Forms used to document accidents, injuries and illnesses

If a child becomes ill or injured at your center, you are required to write an incident report describing the injury, illness, or incident. A copy of this written record must be given to the parent and a copy placed in the child's file.

You are also required to keep an illness and injury log, listing the date of the illness or injury, the child's name, names of staff who assisted the child, and a brief description of the incident. You should periodically check these logs to determine if there are any patterns of illness or injury at your center that might be preventable with different staffing patterns or equipment changes.

Sample forms are included on the following pages.

Keep Me Home If...

I'm Vomiting
Two or more times in 24 hours.

I have a rash, lice or nits
Body rash, especially with a fever or itching. Lice or nits.

I have diarrhea
3 or more watery stools in 24 hours.

I have an eye infection
Thick mucus or pus draining from the eye.

I have a sore throat
With fever or swollen glands.

I'm just not feeling very good.
Unusually tired, pale, lack of appetite, confused or cranky.

I have a fever
Temperature of 100° (F) or more, (taken under the arm) AND sore throat, rash, vomiting, diarrhea, earache or just not feeling good.

Seattle-King County Department of Public Health

When Your Child is Sick:

1. Have plans for back up child care.
2. Tell your caregiver what is wrong with your child, even if your child stays home.

When a child becomes ill at the center

Children who become ill at the center must be isolated. Have them lie down in a quiet space away from the other children, but within view of the staff. Staff must supervise ill children at all times. It is important to be consistent and follow your exclusion policy. Contact the parents to come pick up their child.

If you suspect the child has a communicable disease, remember to sanitize all equipment that the ill child used.

If an injury or illness results in a visit to the child's doctor, casting, stitches, or hospitalization, you are required to notify your child care licenser.

Staff health

During the first year of working with children, a caregiver may be sick more than any other time in their life. Working in child care exposes staff to a wide variety of germs. There are several things you can do to help keep your staff healthy:

- ◆ Emphasize frequent handwashing
- ◆ Make sure their immunizations are current (especially measles, Hepatitis B, and Tetanus) and encourage staff to get annual flu shots
- ◆ Use nontoxic cleaning and art materials at the center (if you occasionally use permanent markers or rubber cement, make sure you do so in a well-ventilated area)
- ◆ Provide health care benefits, and
- ◆ Be sure to exclude ill staff from working using the same policy as for excluding ill children.

Back problems are a common complaint among child care workers. There are safe practices you and your staff should keep in mind when working with young children.

- ◆ Get down on your knees or squat when caring for children, rather than bend over.
- ◆ Be careful when lifting things. Lift with your legs, not with your back. If it is too heavy, do not lift it.
- ◆ When lifting, plant your feet apart and under your hips to give yourself a wide base of support.

- ◆ Never lift and turn at the same time. Lift a child up then turn your body.
- ◆ Keep a child or the object you are lifting close to your body.
- ◆ Lower a child or item in the reverse fashion: feet planted and apart, child or object close to your body, turn then lower, and use your muscles.
- ◆ Push heavy objects across the floor rather than pull them.
- ◆ Make sure you have a clear pathway when carrying things across a room or down stairs.
- ◆ Do back strengthening and stretching exercises. A flexible back is a strong back.

Reducing Stress/Burnout in Staff

Child care is a potentially stressful occupation. Stress may be related to tension between families and caregivers, parenting/caregiver styles, staff to child ratios, noise, low wages, inadequate benefits, no time away from the children, long hours, etc. Staff burnout is a very real problem. It is important to remember that staff (as well as directors) experience stress. To keep staff healthy it is important to help reduce the stress in the workplace. To help reduce stress in your staff, make sure you schedule regular break times (and that they take them!) and give staff paid leave for vacations and illnesses. Encourage your staff to continue their education and provide substitutes and payment to do so. Scholarships may be available. You can contact the Washington Association for the Education of Young Children (WAEYC), your local Resource and Referral agency, or a community and technical college for more information about scholarships, classes, and workshops.

Communicable disease reporting

You are a mandated disease reporter and must make reports to your licenser, the health department and to parents. The following communicable diseases must be reported to the local/state Health Department by physicians. Call your local Health Department for information when a child or staff member has contracted any of these illnesses:

AIDS (Acquired Immune Deficiency Syndrome)
Animal Bites
Bacterial Meningitis
Campylobacteriosis (Campy)
Cryptosporidiosis
Cyclosporiasis
Diphtheria
Enterohemorrhagic E. Coli, such as E. Coli 0157-H7
Food or waterborne illness
Giardiasis
Haemophilus Influenza Type B (HIB)
Hepatitis A (acute infection)
Hepatitis B (acute and chronic infection)
Hepatitis C (acute and chronic infection)
Human Immunodeficiency Virus (HIV)
Infection
Infant Botulism
Influenza (if more than 10% of children and staff are out ill)
Listeriosis
Measles
Meningococcal infections
Mumps
Pertussis (Whooping Cough)
Polio
Rubella
Salmonellosis including Typhoid
Shigellosis
Tetanus
Tuberculosis (TB)
Viral Encephalitis
Yersiniosis

You must notify parents in writing when their children have been exposed to an infectious disease, a communicable disease, or a parasite. The notification may either be a letter or a posting of the notification in a visible location.

 **Best Practice:** Ensure that all parents receive notification of a communicable or infectious disease by personally handing them a notice and/or talking with them.

Head lice

When there is an outbreak of head lice, all staff, adults, and children should be checked on a daily basis. If head lice or nits are found, the person will need to be asked to leave the center. The staff, adults, or children having head lice/nits may return after treatment and when all nits have been removed.

A letter should be sent home to notify all families when a lice outbreak occurs.

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WAC 170-295-3040

How often must children wash their hands?

Children must wash their hands with soap and warm water:

- On arrival at the center
- After using the toilet
- After the child is diapered
- After outdoor play
- After playing with animals
- After touching body fluids (such as blood or after nose blowing or sneezing; and
- Before and after the child eats or participates in food activities.

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Call your local Health Department for information about other communicable diseases specific to your community and add them to the list.

Handwashing for Infants/Toddlers

Use soap and water at a sink if you can. If older infants are too heavy to hold for handwashing at the sink, or if young infants cannot hold their heads up, you may follow this procedure:

- ◆ Wipe the child’s hand with a soft damp paper towel or wash cloth moistened with a drop of liquid soap
- ◆ Wipe the child’s hands with a wet paper towel or wash cloth, and
- ◆ Dry the child’s hands with a soft paper towel.

Handwashing for Older Children

- ◆ Squirt a drop of liquid soap on children’s hands
- ◆ Wash and rinse their hands in running water, directing flow from wrist to fingertips
- ◆ Dry hands with paper towel
- ◆ Turn off faucet with paper towel and discard, and
- ◆ Teach older children to carry out the procedure themselves. Supervise younger children in carrying out this handwashing procedure.

Water play is one of children’s favorite activities, so it is not difficult to teach them the proper way to wash their hands. Gentle reminders can help children develop habits that will keep them healthy the rest of their lives. A staff member should be available to see that children wash their hands properly and to assist children who need help. Hot water temperature must be between 85°F and 120°F.

Note: Next to handwashing, the best way to limit spreading germs is to teach children how to cough, sneeze, and blow their noses correctly. Help them to:

- Keep a tissue handy (use a tissue rather than a coat sleeve or the back of their hand to catch a sneeze, cover a cough, or wipe a runny nose)
- Turn their head away from others and toward the floor before they cough, sneeze, or blow their nose
- Throw away used tissues and do not reuse or share a tissue
- Use disposable tissues rather than handkerchiefs, and
- Wash hands afterwards to reduce the spread of germs.

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WAC 170-295-3050

Am I required to give medications to the children in my care?

If a child has a condition where the American with Disabilities Act (ADA) would apply, you must make reasonable accommodation and give the medication.

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If medications are required by the ADA, the parent must provide training and written instructions to caregivers on the proper administration of the medications or treatment required for the child.

Centers are free to choose whether or not to give medications outside of those required by the ADA. Your decision must be clearly documented in your health care policy and the parent handbook. Most physicians will prescribe medications for children in child care two times per day or daily if possible so that parents can administer it at home.

Centers cannot give medications “as needed”. There must be a start and stop date for each medication and you can only give the medication for the duration of the illness. You must then give the remainder of the medication back to the parents or discard it if the parents are no longer at the center.

Aspirin warning

Do not give aspirin to children under 18 years of age unless the child’s health care provider prescribes it and you have written parent permission. Aspirin use is linked to Reye’s Syndrome, a serious disease that can be fatal to children. There are plenty of non-aspirin medications that ease pain and reduce fever. Make sure to check multi-symptom cold remedies that parents may bring in because some may include aspirin in their list of ingredients. Read all labels carefully!

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WAC 170-295-3060

Who can provide consent for me to give medication to the children in my care?

Parents must give written consent before you give any child any medication. The parent's written consent must include:

- Child's first and last name
- Name of medication
- Reason for giving medication
- Amount of medication to give
- How to give the medication (route)
- How often to give the medication
- Start and stop dates
- Expected side effects, and
- How to store the medication consistent with directions on the medication label.

The parent consent form is good for the number of days stated on the medication bottle for prescriptions. You may not give medication past the days prescribed on the medication bottle even if there is medication left.

You may give the following non-prescription medications with written parent consent if the medication bottle label states how much medication to give based on the child's age and weight:

- Antihistamines
- Non-aspirin fever reducers/pain relievers
- Non-narcotic cough suppressants
- Decongestants
- Ointments or lotions intended to reduce or stop itching or dry skin
- Diaper ointments and non-talc powders intended only for use in the diaper area, and
- Sunscreen for children over six months of age.

All other over the counter medications must have written directions from a health care provider with prescriptive authority before giving the medication.

You may not mix medications in formula or food unless you have written directions to do so from a health care provider with prescriptive authority.

You may not give the medication differently than the age and weight appropriate directions or the prescription directions on the medication label unless you have written directions from a health care provider with prescriptive authority before you give the medication.

If the medication label does not give the dosage directions for the child's age or weight, you must have written instructions from a health care provider with prescriptive authority in addition to the parent consent prior to giving the medication.

You must have written consent from a health care provider with prescriptive authority prior to providing:

- Vitamins
- Herbal supplements, and
- Fluoride.

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You may be authorized to give medications for a long period of time to children with chronic or life threatening illnesses. A signed statement must accompany such medication from the child's health care provider or a prescription indicating the treatment is ongoing. Prescription medication must be in the original prescription bottle.

Non-prescription medication must be in the original manufacturer's container with a label. The label needs to indicate recommended dosages for different ages and how long to use the medication if symptoms continue.

Note: For children two years and under, many over-the-counter medications require a doctor's authorization. Most cold medications are in this category. Make sure you read the labels on bottles parents bring to your center. If instructions recommend consulting a doctor for a particular age group (for example children under 2 years of age), let the parents know they will need to get their health provider's authorization. Otherwise, you cannot give the medication at the center.

You may wish to designate a particular staff member as the person in charge of giving medications. That way there is less likelihood that someone will forget to give a needed medicine. You will also want to designate a backup person in charge of medications for days when the regular person is absent.

Remember, licensing requires that only staff who have been trained and oriented to your medication policies can give medications to children.

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WAC 170-295-3070

How must I store medications?

You must store medications in the original container labeled with:

- The child's first and last names
- If a prescription, the date the prescription was filled
- The expiration date, and
- Easy to read instructions for giving the medication (i.e., the bottle is in the original package or container with a clean and readable label).

You must store medications:

- In a container inaccessible to children (including staff medications)
- Away from sources of moisture
- Away from heat or light
- Protected from sources of contamination
- According to specific manufacturer's or pharmacist's directions
- Separate from food (medications that must be refrigerated must be in a container to keep them separate from food), and
- In a manner to keep external medications that go on the skin separate from internal medications that go in the mouth or are injected into the body.

All controlled substances must be in a locked container.

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Refrigerate only those medications requiring it. Store refrigerated medications in a container so that if they spill they will not contaminate other items in the refrigerator. All medications should be stored in a separate container not accessible to children. Many centers use plastic fishing tackle boxes or plastic file boxes to hold the medications. Any controlled substances (such as narcotics) must be kept in a locked container.

Only staff should be allowed to put medicines in your storage area or take them out. It would be easy for a parent in a hurry to walk out with the wrong medication or forget to fill out an authorization form.

Make sure that medications are returned to the parents or disposed of when the medication period expires.

Note: *If the child's parents do not want to take medicine home every night and bring it back the next morning, they can:*

- *Request that the pharmacist prepare two containers when they fill the prescription.*
- *Send the container with the pharmacist or manufacturer's label to the center and keep a supply in a self-labeled container at home.*