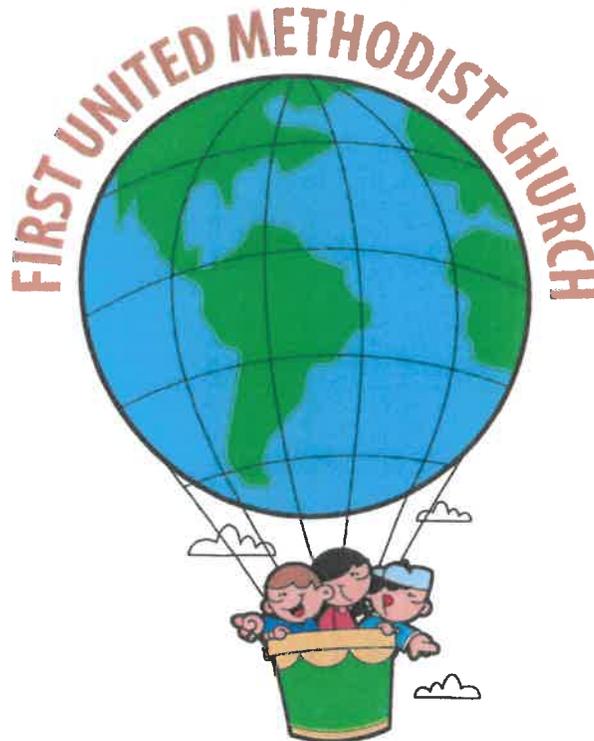


FIRST UNITED METHODIST CHURCH
DAY SCHOOL

HEALTH POLICY



DAY SCHOOL

Love God. Love others.
Serve the World.

415 NORTH SEMINARY STREET
FLORENCE, ALABAMA 35630

PHONE 256-766-2472

I. Introduction

In order that we may keep our students as healthy as possible and to help prevent the spread of illness, disease, or infections, First United Methodist Church of Florence Day School has adopted the following health policy in alignment with current CDC recommendations for the most common childhood illnesses.

Small children who are cared for in out-of-home group settings are at a greater risk of acquiring and spreading a contagious disease. Small children are highly susceptible to contagious diseases since most of them have not been exposed to many of the most common germs and therefore do not have any immunity to them. Young children also have certain habits (e.g., putting their fingers and other objects in their mouths) that can easily spread germs. Even though contagious diseases/conditions will occur in a child care setting, the child care provider should do everything he or she can to prevent and control the spread of disease. Also, making sure that staff and children are up to date on their immunizations helps to lessen the risk of exposure to contagious diseases.

Parents will be notified to pick up their child immediately if signs of illness occur during the school day. Children may not return to school after diagnosis of a communicable disease until the doctor has released the child and/or all symptoms have resolved. In the event of an accident or illness requiring emergency attention, a child's parent or guardian will be called immediately. **When the family of an ill child is notified, we ask that arrangements be made to pick-up the child within 20 minutes. We do not have the ability to offer respite care for sick children.** If we cannot reach the parent or guardian, we will attempt to reach additional emergency contacts. If a parent or guardian is unable to pick up within 20 minutes, the student's family must arrange pick up with another authorized adult. In the event that your child needs emergency treatment, your child will be transported to North Alabama Medical Center via ambulance. It is extremely important that you keep current emergency numbers and the name of your child's doctor on file. Parents are responsible for any and all medical expenses incurred for the treatment of their child's injury or illness by medical professionals, including the cost of treatment by paramedics and transportation by ambulance.

Parents will be notified of minor injuries in a timely manner and receive an Injury Report Form (DHR-CDC-1950) at pickup. Should a minor injury occur, teachers will take necessary action, including cleaning the injured area with soap and water, applying band-aids and/or applying ice if necessary, and providing comfort and TLC.

Please report any illness or exposure to communicable diseases to the director and teachers so that other parents can be alerted when necessary.

It is the desire of First United Methodist Church Day School to provide a nurturing and

educational Christian environment for all students. If your child has special needs of any kind (including IFSPs or IEPs) please let the director know upon enrollment, or upon qualifying for services. The Day School will determine if your child's needs can be met at FUMC Day School.

II. Administration of Medication

In accordance with the Baby Douglass Law, medications may not be administered without a doctor's prescription AND a Parent/Guardian Authorization for Administering Medication Form (DHR-CDC-1949). This includes all prescription and over the counter medications including but not limited to: Tylenol, Motrin, Benadryl, *all diaper creams*, Vaseline, Aquaphor, sunscreens, lip balm, etc. We encourage parents of children who frequently require medications (example: diaper creams) to contact their child's physician and request a "School Medication Prescription" for their child. The doctor's medication form will need to specify which diaper cream or other medication your child uses. **NO blanket forms will be accepted** (i.e. "diaper ointment"). This form will be good for 12 months. Once we have this form on file you will be able to submit your child's medication/diaper cream for use with a Parent/Guardian Authorization for Administering Medication Form (DHR-CDC-1949). **Medications must be in original packaging and prescription medications must have the prescription sticker on the medication container (for EpiPens, Albuterol inhalers, etc.).** *No "homemade" medications can be administered.* The Parent/Guardian Authorization for Administering Medication Form (DHR-CDC-1949) can be found at the end of the Health Policy Manual for those who may need it. *The Parent/Guardian Authorization for Administering Medication Form (DHR-CDC-1949) is valid for 7 days from the date it is signed.* If the student requires ongoing administration of medication (example: diaper cream) the signed and dated form (DHR-CDC-1949) must be resubmitted to the child's teacher every 7 days.

We also need to ask that parents not leave any medications in their child's backpack. We suggest designating your child's backpack for "school only" verses used as a diaper bag so no medications are accidentally left in the backpack. If medications come to school in the backpack they will need to be picked up immediately or disposed of.

We recognize the extra work this creates for our Day School families and appreciate your understanding that we must adhere to the guidelines set forth by our licensing body. These guidelines are made to protect children in preschool settings.

III. Attendee Immunizations

The Alabama Department of Human Resources regulations governing the licensure of child care facilities mandate that each child in a licensed facility have immunizations according to the recommended immunization schedule. These children are to be **age-appropriately immunized** and must have an Alabama Department of Public Health Certificate of

Immunization from Immunization on file at the child care facility and readily accessible for review by DHR. The form must show a clear expiration date. Alabama Certificates of Religious Exemption will not be accepted in lieu of Certificates of Immunization for newly enrolled students after November 15, 2023.

Children usually begin their routine immunizations between 6 weeks and 2 months of age. The immunizations that are currently required at the age-appropriate times for child care are: DTaP (diphtheria, tetanus, and pertussis), polio, MMR (measles, mumps, rubella), Hib (H. Influenza type b), Hepatitis B, and varicella (chicken pox) and pneumococcal vaccines.

IV. Exclusion Criteria

Small children can become ill very quickly. The child care provider should observe each child's health throughout the time the child is in their care. If the child care provider observes signs and symptoms of illness that would require removal from the facility, he/she should contact the parents/guardians to have the child picked up and continue to observe the child for other signs and symptoms.

The following conditions will require exclusion from child care:

Allergic reaction: Students requiring medical intervention (EpiPen, Benadryl) for an allergic reaction must remain home for 24 hours for observation of a more serious and possibly life threatening complications.

Fever: Defined as 99.4°F or higher taken under the arm (axillary) or 100.4°F when taken orally. ***Children must be free of fever without Tylenol or other fever reducing medication for 24 hours before returning to school.***

Foreign object lodged in body: A foreign object left inside a patient's body can result in significant physical injuries, infections, illnesses, pain and suffering, or even death. Students are not permitted to attend with foreign objects lodged in body.

Diarrhea: Two or more episodes of diarrhea per day, that is runny, watery, or bloody.

Vomiting: One or more times per day

Rash: Body rash of unknown origin. A continuing rash will require a note from your child's physician to return to school.

Severe coughing: The child gets red or blue in the face, induces gagging or vomiting, or makes a high-pitched whooping sound after coughing. Persistent coughing that prevents the child from engaging in normal daily activity.

Eye discharge: Thick mucus or pus draining from the eye may be accompanied by redness.

Jaundice: Yellow eyes and skin

Irritability: Continuous irritability and inconsolable crying

Anesthesia

Anesthesia uses drugs called anesthetics to keep you from feeling pain during medical procedures. Local and regional anesthesia numbs a specific area of your body. General anesthesia makes you temporarily unconscious (fall asleep) so you can have more invasive surgeries.

Return to child care: A student may return to child care 24 hours after receiving anesthesia with a doctor's note. Some surgeries may require additional recovery time as prescribed by the child's physician.

Chickenpox (Varicella)

Chickenpox is a highly infectious viral disease that begins with small red bumps that turn into blisters after several hours. The blisters generally last for 3-4 days and then begin to dry up and form scabs. These lesions (bumps/blisters) almost always appear first on the trunk rather than the extremities.

Mode of transmission: Airborne droplets of nose and throat secretions coughed into the air by someone who has chickenpox. Also by direct contact with articles freshly soiled with discharge from the blisters and/or discharge from the nose and mouth (e.g., tissues, handkerchiefs, etc.).

Vaccine: A vaccine for chickenpox is available and is recommended for children after 12 months of age and adolescents and adults who do not have a reliable history of chickenpox disease.

Return to child care: Once the diagnosis has been made, determine the day that the blisters first appeared. The child may return to child care if all the lesions are crusted and dry and no new ones are forming. Keeping the child home until all the lesions are completely healed is unnecessary and results in excessive absences.

COVID-19

If you have COVID-19, you can spread the virus to others. There are precautions you can take to prevent spreading it to others: isolation, masking, and avoiding contact with people who are at high risk of getting very sick. Quarantine is no longer recommended for people who are exposed to COVID-19 except in certain high-risk congregate settings. Schools and ECE settings are generally not considered high-risk congregate settings.

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Vaccine: A vaccine for chickenpox is available and is recommended for children after 12 months of age and adolescents and adults who do not have a reliable history of chickenpox disease.

Return to child care: Once the diagnosis has been made, determine the day that the blisters first appeared. The child may return to child care if all the lesions are crusted and dry and no new ones are forming. Keeping the child home until all the lesions are completely healed is unnecessary and results in excessive absences.

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Return to child care: Staying home when sick can lower the risk of spreading infectious diseases, including COVID-19, to other people. If a person tests positive for COVID-19, they will need to stay home until both symptoms are improving overall, and the child is fever free for 24 hours without the use of fever-reducing medication.

Shingles (Varicella Zoster)

Shingles (varicella zoster) is a reactivation of the chickenpox virus (varicella). After the initial infection with chickenpox, the virus continues to lie dormant (inactive) in a nerve root. We tend to think of the elderly and immunosuppressed individuals as the ones who have shingles; however, it can and does occur sometimes in children. The lesions or blisters of shingles resemble those of chickenpox and usually appear in just one area or on one side (unilateral) of the body and run along a nerve pathway. A mild shingles-like illness has been reported in healthy children who have had the chickenpox vaccine. This is a rare occurrence.

Mode of transmission: It is possible for someone who has never had chickenpox disease or the vaccine to get chickenpox by coming in contact with the fluid from the lesions of someone who has shingles. Shingles itself is not transmissible. A person who has shingles does not transmit chickenpox through the air as does someone who has chickenpox disease.

Return to child care: The child who has shingles may attend child care if the lesions can be covered by clothing. If the lesions cannot be covered, the child should be excluded until the lesions are crusted and dry. Staff members who have shingles pose little risk to others since the lesions would be covered by clothing or a dressing on exposed areas. Thorough hand washing is warranted whenever there is contact with the lesions. NOTE: Staff members, especially those who are pregnant, who have no history of chickenpox disease or chickenpox vaccine, should not take care of children with shingles during the time they have active or fluid-filled lesions.

Cytomegalovirus (CMV)

CMV is a viral illness that most people become infected with during childhood. Small children usually have no symptoms when they become infected, but older children may develop an illness similar to mononucleosis with a fever, sore throat, malaise or feeling very tired and an enlarged liver.

Mode of transmission: CMV is spread from person to person by direct contact with body fluids such as urine, saliva or blood. The virus can also be passed from the mother to the baby before birth. Pregnancy: Rarely, a woman may contract the disease for the first time during pregnancy which may pose a risk to the fetus causing certain birth defects. CDC

recommends that women who are child care providers and who expect to become pregnant should be tested for antibodies to CMV and if the test shows no evidence of previous CMV infection, they should reduce their contact with infected children by working, at least temporarily, with children 2 years of age and older where there is less circulation of the virus. Also, they should avoid kissing an infected child on the lips, and as with any child care situation, wash hands thoroughly after each diaper change and contact with a child's saliva. If contact with children does not involve exposure to saliva or urine, there should be no potential infection with CMV.

Return to child care: There is no need to exclude children with CMV from child care as long as they do not have a fever since the virus may be excreted in urine and saliva for many months and may persist or there may be recurring episodes for several years following the initial infection. CMV is a virus that may persist as a latent infection and recur when a person becomes immunosuppressed with conditions such as cancer, AIDS, etc.

Diarrheal Diseases (e.g., campylobacteriosis, cryptosporidiosis, giardiasis, rotavirus, salmonellosis, and shigellosis)

Diarrhea is defined as frequent (2 or more episodes within a 24 hour period), runny, watery stools and can be caused by different types of organisms such as viruses, bacteria and parasites.

Mode of transmission: Diarrheal diseases are generally transmitted or spread by ingesting food or water or by putting something in the mouth such as a toy that has been contaminated with the feces (stool) of an infected person or animal. In some cases such as with Salmonella and E. coli O157:H7, the disease is transmitted by eating raw or undercooked meats (especially ground beef and poultry) and unpasteurized milk and fruit juices.

Return to child care: In most cases, a child may return to child care after a diarrheal illness once he or she is free of fever and the diarrhea has ceased for 24 hours.

Fifth Disease (Erythema Infectiosum)

This is an infectious disease characterized by a "slapped -face" (redness) appearance of the cheeks followed by a rash on the trunk and extremities.

Mode of transmission: Person-to-person spread by direct contact with nose and throat secretions of an infected person. Transmission of infection can be lessened by routine hygienic practices which include hand washing and the proper disposal of facial tissues containing respiratory secretions.

Return to child care: Children with fifth disease may attend child care if they are free of fever, since by the time the rash begins they are no longer contagious. The rash may come and go for several weeks.

“Flu” (Influenza)

Influenza is an acute (sudden onset) viral disease of the respiratory tract characterized by fever, headache, muscle aches, joint pain, malaise, nasal congestion, sore throat and cough. Influenza in children may be indistinguishable from diseases caused by other respiratory viruses.

Mode of transmission: Direct contact with nose and throat secretions of someone who has influenza - airborne spread by these secretions coughed into the air. **Return to child care:** The child may return to child care when free of fever and feeling well.

Hand - Foot and Mouth Disease

This is a common childhood disease caused by a strain of coxsackie virus. In some people, the virus causes mild to no symptoms. In others, it may result in painful blisters in the mouth and on the palms of the hands and the soles of the feet.

Mode of transmission: The virus can be spread through saliva from the blisters in the mouth and from the fluid from the blisters on the hands and feet. It is also spread through the feces or stool of an infected person.

Return to child care: The virus may be excreted in the stool for weeks after the symptoms have disappeared. Children who have blisters in their mouths, or who have weeping or active lesions/blisters on their hands, feet, or diaper area should be excluded from child care until the lesions are crusted and dry and the child is free of fever for 24 hours.

Head Lice

This is an infestation of the scalp by small insects called lice. They firmly attach egg sacs called “nits” to the hairs, and these nits are difficult to remove. Treatment may be accomplished with prescription or over-the-counter medicines applied to the scalp.

Mode of transmission: Direct contact with an infested person’s hair (head-to-head) and, to a lesser extent, direct contact with their personal belongings, especially shared clothing and headgear. Head lice do not jump or fly from one person to another, but they can crawl very quickly when heads are touching.

Return to child care: The child may return to child care after the first treatment has been given and the child is free of lice (live) and nits by visual inspection.

Hepatitis A

This is an infectious viral disease characterized by jaundice (yellowing of the eyes and skin), loss of appetite, nausea, and general weakness. Child care centers can be a major source of hepatitis A spread in the community. This is because small children usually do not show any specific signs and symptoms of the disease. Symptomatic illness primarily occurs among adult contacts of infected, asymptomatic children.

Mode of transmission: Hepatitis A virus is found in the stool of persons infected with hepatitis A. The virus is usually spread from person to person by putting fecal-oral contact with the stool of an infected person; for this reason, the virus is more easily spread under poor sanitary conditions, and when good personal hygiene, especially good hand washing, is not observed. Rarely, the virus is contracted by eating raw seafood (e.g., raw oysters) that has been collected from contaminated waters.

Return to child care: The child may return to child care one week after the onset of jaundice (yellowing of the eyes and skin) or one week after the onset of other signs and symptoms if no jaundice is present.

Hepatitis B

Hepatitis B is a viral disease that affects the liver. It is a contagious condition characterized by loss of appetite, abdominal discomfort, jaundice (yellowing of the eyes and skin), joint aches, and fever in some cases. It is different from Hepatitis A. There should not be any risk of exposure to hepatitis B in a normal child care setting unless a child who is infected with hepatitis B is bleeding. Also, since the hepatitis B vaccine is now a part of the routine immunization schedule, more and more children should be immune.

Mode of transmission: The most common mode of transmission is through having sex with someone who has the virus; however, it can be transmitted when infected blood enters the body through cuts, scrapes or other breaks in the skin. Injecting drug users are at risk when they share needles with an infected person. It is also possible for infected pregnant women to transmit the virus to their babies during pregnancy or at delivery.

If an exposure to a person who is infected with hepatitis B has occurred, the person exposed should be referred to his/her physician since hepatitis B vaccine and hepatitis B immune globulin may be indicated. Since hepatitis B and HIV/AIDS are both transmitted through blood exposure, the precautionary measures for HIV/AIDS would also apply to hepatitis B. (See HIV/AIDS section below)

Hepatitis C

Hepatitis C is also a viral disease that affects the liver. Again, hepatitis C should pose no risk of exposure in the normal child care setting unless the infected child is bleeding. There is no vaccine available for hepatitis C at this time. Since it is also transmitted through blood exposure, the same precautionary measures for hepatitis B and HIV/AIDS would be apply to hepatitis C. (See HIV/AIDS section below)

Human Immunodeficiency Virus (HIV) Infection/Acquired Immunodeficiency Syndrome (AIDS)

Mode of transmission: The most common mode of transmission is through having sex with someone who has the virus; however, it can be transmitted when infected blood enters the body through cuts, scrapes or other breaks in the skin. Injecting drug users are at risk when they share needles with an infected person. It is also possible for infected pregnant women to transmit the virus to their babies during pregnancy or at delivery. Although HIV and hepatitis B are transmitted in the same way, HIV is much more difficult to transmit from one person to another than hepatitis B.

HIV infection in children causes a wide range of symptoms and varied types of illness. Children with HIV infection should be monitored closely by their physician. They are more susceptible to infectious diseases than other children. Parents of children known to have HIV infection should be notified when certain infectious diseases occur in the child care facility. There is no vaccine available for HIV at this time. According to CDC, HIV is not likely to be spread from one child to another in the child care setting and no case has ever been reported. Parents or guardians of HIV-positive children should inform the child care director of their child's HIV status.

Impetigo

This is a contagious bacterial infection characterized by spreading pustular lesions (sores with pus) and children should be evaluated for medical treatment. This is quite important to avoid the risk of complications involving the heart and kidneys.

Mode of transmission: Skin-to-skin contact with the sores.

Return to child care: The child may return to child care 24 hours after treatment has been started if free of fever and the lesions are not draining.

Measles

Measles is a serious viral infection characterized by a rash (red, flat lesions) starting on the head and neck, which enlarge and coalesce (run together), and spread to the trunk, then to the extremities. Other symptoms include a high fever, conjunctivitis (red, inflamed eyes),

cough and nasal congestion. The Health Department must be notified on first suspicion. With our present immunization laws, measles is a rare occurrence today. It is imperative, however, that immunization records be kept current.

Mode of transmission: Direct contact with nose and throat secretions of an infected person; may be airborne by droplets of these secretions coughed into the air. Tiny droplets can be suspended in the air for two hours or more. Measles is very easily spread.

Return to child care: The child may return to child care when free of fever and the rash is fading (this usually takes 5-7 days).

Meningitis

Meningitis is an inflammation or infection of the meninges (the membranes that cover the brain and spinal cord). Meningitis can be caused by a variety of organisms or germs. Most people exposed to these germs do not develop meningitis or serious illness. Some people may carry a particular germ and have no symptoms at all. Anyone exhibiting signs and symptoms of meningitis (e.g., severe headache, fever, vomiting, stiffness and pain in the neck, shoulders and back, drowsiness) should seek medical attention promptly.

Meningitis is a reportable disease. The Alabama Department of Public Health evaluates each case individually to determine what public health intervention, if any, might be required. The two types of meningitis that most often require public health intervention are caused by the organisms Haemophilus influenzae type b (Hib) and Neisseria meningitidis (meningococcal).

Mode of transmission: These germs are most commonly spread by direct contact with nose and throat secretions from an infected person.

Return to child care: The child may return to the center whenever he or she has been released by his/her personal physician.

Molluscum Contagiosum

This is a common skin infection that is caused by a virus. Most commonly, it affects children one to 10 years and young adults. Symptoms include small, pale, shiny, domed-shaped bumps on the skin, often with a characteristic dimple on the top. The bumps may be fleshed-colored, white, translucent, or pink. The bumps are usually painless, but on rare occasions, can be itchy, red, swollen, and/or sore. In children, the bumps occur on the face, body, arms, or legs.

Mode of transmission: From direct skin-to-skin contact with an infected person. It can also be spread by contact with contaminated objects such as shared clothes, towels, wash cloths, gym or pool equipment, and wrestling mats.

Return to child care: Molluscum contagiosum is not harmful and should not prevent the child from attending day care. Bumps should be covered with clothing where possible. Bumps not covered by clothing should be covered with a watertight bandage. Exclude any child with bumps that cannot be covered with a watertight bandage from participating in swimming or other contact sports.

Mumps

Mumps is an infectious disease that is characterized by swelling and pain of the salivary glands. Mode of transmission: Person- to- person spread by direct contact with the saliva of an infected person.

Return to child care: The child may return to child care 9 days after the beginning of the salivary gland swelling.

Nosebleed (Epistaxis)

Nosebleeds are caused by blood loss from the tissue and tiny blood vessels that line the inner surface of the nose. During a nosebleed, blood flows from one or both nostrils. It can be heavy or light. It can last from a few seconds to 15 minutes or more.

Return to child care: Staff will make attempts to stop the nose from bleeding through positioning of the child. If a nosebleed lasts longer than 30 minutes it may require additional intervention. Due to the need for containment of bodily fluids a nosebleed lasting longer than 30 minutes will require a student to be picked up by a parent or guardian. Once the nosebleed stops the student may return to child care.

Open Sores or Wounds

An injury to living tissue caused by a cut, blow, or other impact, in which the skin is cut or broken.

Return to child care: Students may return to child care if open or weeping wounds can be covered by a bandage. If the location of the wound or the age of the child makes keeping open wounds covered impossible the child need to remain at home until the wound scabs over and is no longer a risk of transmitting bodily flood.

"Pink Eye" (Conjunctivitis)

This is an infectious disease characterized by redness of the eye(s), excessive tearing, itching, and discharge. Some cases may require antibiotics; therefore, the child should see a physician.

Mode of transmission: Contact with discharges from the eye, nose or throat of an infected person. Also, from contact with fingers, clothing and other articles that have been contaminated with the discharge.

Return to child care: Children may return to child care 24 hours after they have begun antibiotic treatment.

Pinworms

Pinworms are tiny worms that live in the large intestine and can cause anal itching, sleeplessness and irritability. They may also be present without any symptoms. Pinworms occur worldwide and affect all socioeconomic classes. They are the most common worm infection in the United States. Prescription medication must be obtained to treat the infection.

Mode of transmission: Pinworms can be spread when an uninfected person touches the anal area of an infected person and then puts their hands/fingers in their mouth. They can also be spread when an infected person scratches the anal area and then contaminates food or other objects that are touched or eaten. Pinworms can be spread as long as the worms or the eggs are present.

Return to child care: The child may return to child care 24 hours after they have received the first treatment. Employ thorough hand washing especially before eating and after toilet use and change and wash any bed linens and towels in hot water that have been used for those children. Ask the parents/guardians to do the same at home. Also, discourage children from scratching the anal area.

Respiratory Syncytial Virus (RSV)

RSV can cause an upper respiratory disease, like a cold or lower respiratory tract disease such as pneumonia. It is the most common cause of lower respiratory tract infections and pneumonia in infants and children under the age of 2 years. Almost 100% of children in child care programs get RSV during the first year of life. This usually occurs during outbreaks in the winter months. RSV can range from a very mild disease to life-threatening.

Mode of transmission: Direct contact with nose and throat secretions of an infected person. A young child can be infectious with RSV 1 to 3 weeks after signs and symptoms have subsided.

Return to child care: Your child to return to school after eight days or even sooner if all symptoms have resolved - no fever for at least 24 hours (without fever reducing medicine), mild and infrequent coughing, and your child is eating, sleeping and drinking well.

Ringworm

Ringworm is a skin infection caused by a fungus that can affect the scalp, skin, fingers, toe nails and feet. Ringworm (except on the scalp or under the nails) can be successfully treated with several over-the-counter medicines. Ringworm of the scalp is characterized by inflammation, redness, and hair loss and does not respond to over-the-counter medicines; therefore, the child should see his/her physician.

Mode of transmission: Direct skin-to-skin contact or indirect contact (e.g., toilet articles such as combs and hair brushes, used towels, clothing and hats contaminated with hair from infected persons or animals).

Return to child care: The child may return to child care 24 hours after the treatment has been started. Treatment for ringworm of the scalp and nails usually lasts for several weeks.

Scabies

Scabies is a disease of the skin caused by a mite. The mite burrows beneath the skin and causes a rash that is usually found around finger webs, wrists and elbows. The rash may appear on the head, neck and body on infants. Any child with evidence of severe itching especially in these areas should be referred to his/her physician. Scabies requires treatment by prescription drugs.

Mode of transmission: Direct skin-to-skin contact with an infested person. Transfer of the mites from undergarments and bedclothes can occur, but only if contact takes place immediately after the infested person has been in contact with the undergarments and bedclothes.

Return to child care: The child may return to child care 24 hours after the treatment has been completed. It must be noted that itching may continue for several days, but this does not indicate treatment failure or that the child should be sent home.

“Staph” (Staphylococcal Infections)

Staphylococcus aureus, usually referred to as “staph” is a type of bacteria that anyone can carry in the nose or on the skin. Staph commonly causes skin infections that look like pimples; though all pimples and skin infections are not caused by staph. Staph can cause more serious skin infections that are swollen, painful and have purulent (pus) drainage. In addition to skin infections, staph bacteria can cause infections in the blood, the lungs (pneumonia) or anywhere in the body. These more serious infections require medical evaluation and treatment. According to the Centers for Disease Control (CDC), over the past 50 years, some staph bacteria have become resistant to antibiotics, including the commonly used penicillin-related antibiotics. These resistant bacteria are called methicillin-resistant

Staphylococcus aureus, or MRSA. Due to the resistance, MRSA infections are more difficult to treat.

Mode of transmission: Direct skin-to-skin contact with a draining lesion/sore or purulent (pus) discharge. Staph may also be spread by contact with articles soiled with discharge or drainage (e.g., tissues, Band-Aids, etc.). Airborne spread is rare, but can occur with those who have a respiratory disease.

Return to child care: Those who have a staph infection should not return to child care until 24 hours after treatment has been started and is free of fever. Any lesions that are oozing and are on exposed skin surfaces should be covered with a leak-proof bandage. The same exclusion criteria would apply to those who have been diagnosed with a MRSA infection.

“Strep Throat” (Streptococcal Pharyngitis) & Scarlet Fever

Strep throat (caused by Group A streptococcal bacteria) is a disease characterized by sore throat, fever, and tender, swollen lymph glands in the neck. The child should see a physician to obtain prescription medication; this is quite important to avoid the risk of complications involving the heart and kidneys. Scarlet fever is a streptococcal infection with a rash (scarletiform rash). It is most commonly associated with strep throat. In addition to the signs and symptoms of strep throat, the person with scarlet fever has an inflamed, sandpaper like rash and sometimes a very red or “strawberry” tongue. The rash is due to a toxin produced by the infecting strain of bacteria. Both the treatment and exclusion criteria for scarlet fever would be the same as for strep throat.

Mode of transmission: Direct or indirect contact (e.g., contaminated hands, drinking glasses, straws) with throat secretions of an infected person.

Return to child care: The child may return to child care 24 hours after treatment has been started if free of fever.

Tuberculosis (TB)

Mode of transmission: Airborne droplets of respiratory secretions coughed or sneezed into the air by a person with active TB disease.

TB is a class 1 reportable disease. If a child or a staff member in a child care facility is diagnosed with active TB, the ADPH will conduct an investigation. The ADPH will notify the facility and the parents/guardians of the type of follow-up that will be necessary.

Return to child care: Persons diagnosed with TB infection are evaluated by the Alabama Department of Public Health on an individual basis. Those who have a positive TB skin test

only may attend child care since they have no disease process that is contagious. Persons suspected of or diagnosed with active TB disease will need written permission from the Alabama Department of Public Health Tuberculosis Control Program to return to the center. Small children are highly susceptible to contracting TB disease, but do not transmit the disease as easily as an older child or adult. Children who do not have active TB disease, but who have been exposed to an active case in their household are considered high risk contacts and are placed on preventive medication. These children may attend child care after beginning preventative medication since they are not infectious.

Whooping Cough (Pertussis)

Pertussis or whooping cough is a contagious disease characterized by upper respiratory tract symptoms with a cough, often with a characteristic inspiratory (breathing in) whoop.

Mode of transmission: Direct or indirect contact (contaminated articles) with nose and throat secretions of an infected person. Airborne transmission can also occur by droplets of these secretions coughed into the air.

Return to child care: The child may return to child care 5 days after their treatment has begun.

ALABAMA STATE DEPARTMENT OF EDUCATION

SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

School Year: _____

STUDENT INFORMATION

Student's Name: _____

School: _____

Date of Birth: ____/____/____ Age: _____

Grade: _____ Teacher: _____

No known drug allergies—if drug allergies list: _____

Weight: _____ pounds

PRESCRIBER AUTHORIZATION (To be completed by licensed healthcare provider)

Medication Name: _____

Dosage: _____ Route: _____

Frequency/Time(s) to be given: _____

Start Date: ____/____/____ Stop Date: ____/____/____

Reason for taking medication: _____

Potential side effects/contraindications/adverse reactions:
in the event of an adverse reaction: _____

Treatment order

SPECIAL INSTRUCTIONS:

Is the medication a controlled substance?

Yes No

Is self-medication permitted and recommended?

Yes No

If "yes" I hereby affirm this student has been instructed
On proper self-administration of the prescribe medication.

Do you recommend this medication be kept "on person" by student?

Yes No

Emergency Drug required during Bus Transportation

Yes No

Cake Icing Gel ONLY for Diabetic Student during Bus Transportation

Yes No

Printed Name of Licensed Healthcare Provider: _____

Phone: () _____ - _____ Fax: _____ - _____

Signature of Licensed Healthcare Provider: _____

Date: _____

PARENT AUTHORIZATION

I authorize the School Nurse, the registered nurse (RN) or licensed practical nurse (LPN) to administer or to delegate to unlicensed school personnel the task of assisting my child in taking the above medication in accordance with the administrative code practice rules. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed.

Prescription Medication must be registered with School Nurse or trained Medication Assistants. Prescription medication must be properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of drug's expiration when appropriate.

Over the Counter Medication must be registered with the School Nurse or Trained Medication Assistant, OTC's in the original, unopened and sealed container. Local Education Agency Policy for OTC medication to be followed:

Parent's/Guardian's Signature: _____

Date: ____/____/____ Phone: () _____ - _____