



INCIDENTAL MEDICAL SERVICES POLICY (IMS)

EMERGENCY TREATMENT: You have given permission, on your enrollment application, for emergency medical/dental treatment, including the use of all emergency services should the need arise. This will be implemented only in extreme situations. We will make every effort to reach parents and/or emergency contacts should such a situation arise. Please keep us updated if phone numbers or emergency contacts change.

HEALTH & SAFETY: A child's health and well-being is our most important responsibility. Our priority is to keep children safe. Parents must keep children home and notify the school if their child has been infected with a contagious disease or rash. It is essential in these cases for the school to know what the child's symptoms are, so please call the office as soon as possible (707-322-6038).

IMMUNIZATIONS: We require our students to be immunized in accordance with the current laws of the State of California.

MINOR INJURIES AND ILLNESS: If a child has been slightly injured at school with a nonemergency incident (scrape, bruise, bump) an "incident report" will be completed and given to the parents with a copy placed your child's file. We will wash with water, issue a Band-Aid, and apply an ice pack, if necessary. In the event of a more serious injury, every effort is made to contact a parent, or the emergency contacts on file. If necessary, 911 will be called.

MEDICATIONS: Please dispense medications prior to arriving or after leaving school, and request prescriptions with 12-hour dosages from your physician or health care provider. If prescription medications, nonprescription medications and topical nonprescription medications need to be dispensed at school, parents must complete LIC 9221 Form, "Parent Consent for Administration of Medications" (*Form LIC 9221*).

In addition, parents are required to:

1. Provide information on possible side effects of the medication.
2. Bring medication in its original container in a clear bag.
3. Ensure that prescription medication includes a prescription label with specific dispensing instructions and a current date.
4. Do not store medications in lunch bags, backpacks, or any other personal belongings.
5. Provide a physician's written instructions any time the manufacturer's instructions require physician dosage to differ from the age and weight information on the label. A log will be kept at the Children's Center indicating who administered the medication, and the date and time given.

EPI PEN: If the child has a medically prescribed EpiPen, the Children's Center staff will:

1. Use it in accordance with the directions, and as prescribed by a physician, and in emergencies only. The EpiPen will only be used in the event of an allergic emergency as prescribed by a physician and will be administered in accordance with the emergency



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medical treatment plan as supplied by the parents for the child. The use of this device is for emergency supportive therapy only and is not a replacement or substitute for immediate medical or hospital care.

2. EpiPen will be stored in Child's to-go pack.
3. Protect the EpiPen from exposure to light and extreme heat.
4. We will note the expiration date on the unit and request a replacement from the parents prior to that date.
5. Call 911 and the parents, or authorized representative immediately after administering an EpiPen.
6. If 911 is called, we will notify Community Care Licensing Division Regional Office within 24 hours. Written notification (*Form LIC 624*) "Unusual Incident Report" will be sent to CCLD Regional Office within 7 days. Copies are also given to parents, and placed in child's file.

FIRST AID SUPPLIES: Supplies will be stored out of the reach of children.

MEDICAL TRAINING OF STAFF: All teachers/staff have an up-to-date pediatric First Aid and CPR training certification.

RECORD OF FOOD ALLERGY & ANAPHYLAXIS CARE PLAN: Parents are asked to communicate fully with the teachers and administration about their child's allergies. If the child requires medication during preschool hours, a completed "Food Allergy Action Plan" must be on file in the office before commencement of the school year. The child's doctor's name, phone number and specific written instructions are required as well. The child's medication will be kept in a Ziploc bag and must be clearly marked with the child's name and room number. The Ziploc bag will be stored in the classroom backpack. A master "Allergy List" is posted in the school's kitchen which itemizes the child's name, classroom, allergy, medication and/or EpiPen.

SPECIAL MEDICAL NEEDS: As a general policy our staff does not administer injections. The only exception is the EpiPen in the case of extreme allergic reactions.

STORAGE OF MEDICATIONS AND EPI PEN: All medications will be kept in a Ziploc bag in the child's to-go pack.

UNUSUAL INCIDENTS: Should a child be involved in an unusual incident parents will receive a written "Unusual Incident Report". This report will describe the nature of the situation and how the staff responded to it. A call will also be placed to the Community Care Licensing within 24 hours to report the unusual incident. The "Unusual Incident Report" will be sent to CCLD Regional Office within 7 days. Copies are also given to parents and placed in child's file.

UNIVERSAL PRECAUTIONS:

1. Use barrier protection to prevent skin and mucous membrane contact with blood or other body fluids.
2. Wear gloves to prevent contact with blood, infectious materials, or other potentially contaminated surfaces or items.



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3. Wear face protection if blood or bodily fluid droplets may be generated during a procedure.
4. Wear protective clothing if blood or bodily fluid may be splashed during procedure.
5. Wash hands and skin immediately and thoroughly if contaminated with blood or bodily fluids.
6. Wash hands immediately after gloves are removed.
7. Use care when using or handling sharp instruments and needles. Place used sharps in labeled, puncture resistance containers.
8. If you have sustained an exposure or puncture wound immediately flush the exposed area and notify your supervisor.

cut along dotted line and return signed receipt

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I/We have read, understand and agree to the biting policy for SR Rise and Shine Care Center, LLC.

Parent signature: _____ Date: _____

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