



Neighborhood House Association

# **INCIDENTAL MEDICAL SERVICES PLAN (IMSP)**

Developed in compliance with California Community Care Licensing, Regulations and Procedures for Health Related Services, Regulations and Procedures for Child Care Centers, and Head Start Performance Standards

Neighborhood House Association (“NHA”) realizes the necessity of providing Incidental Medical Services to a child while in its care. To ensure the health and welfare of the child and the safe and accurate administration of such services, NHA has prepared and implemented this Incidental Medical Services policy and plan of operation.

Inasmuch as NHA has chosen to provide Incidental Medical Services to children in its care, the following Plan of Operation identifies the services and describes NHA’s policies and procedures for ensuring the proper safeguards are in place.

NHA currently administers and monitors the following types of Incidental Medical Services:

- Medication Administration (Prescription and Over the Counter) — Albuterol Inhaler (Asthma), EpiPen® (Allergies)
- Allergies (Other) — Eczema, nuts, milk, strawberries, soy, acid reflux, seafood, sickle cell, sensitive skin
- Blood borne Pathogens/Cleaning of Bodily Fluids
- Seizure Care
- Blood glucose monitoring, insulin and glucagon administration
- Automated External Defibrillator (AED) (child’s individual/home version with prescription pads)

### **Individual Health Plan**

Early Head Start/Head Start (“EHS/HS”) aims to individualize services for all children and families. The needs of children with chronic medical conditions are met by following a systematic process of individualized health planning. The plan serves as a clear guide for EHS/HS staff, parents, and health care providers in meeting the child’s health needs. It is developed with the participation of families, classroom staff, and relevant members of the EHS/HS team (health, disabilities, nutrition, and education specialists), Social Service Technicians (“SST”) or other medical professionals.

During intake/application, when a child is identified as needing highly individualized health care, staff completes the *Pre-Enrollment Review for Children with Identified Health or Developmental Conditions* form. Staff submits this form with the intake/application, and the Family Services Supervisor submits a CACU (Content Area Coordinating Unit) Service Request for a Pre-Enrollment Case Conference. Staff may refer to the CACU Service Request Criteria to identify medical conditions requiring a Pre-Enrollment Review and Pre-Enrollment Case Conference.

CACU conducts the Pre-Enrollment Case Conference with the parent and site staff. The objective of the conference is to determine if EHS/HS is appropriate for the child, and if so, to determine the type(s) of modification or care the child may require while in the program.

After establishing that EHS/HS is appropriate for the child, an Individualized Health Plan (IHP) is developed with the participation of the child’s parent. An Individual Health Plan (IHP) must

be completed prior to the child's attendance in school.

If a child who is currently attending school requires a temporary special accommodation or limitation while in school due to a medical procedure, e.g., corrective surgery, skin grafting, etc., a written release from the child's physician must be obtained with clear specifications of the child's special accommodation(s) or limitations while in school. An IHP is completed with parent prior to the child's return to school.

The IHP is used to maintain written procedures regarding the child's health care needs and medication requirements. These written procedures ensure that staff is informed about the child's condition and any needs that may be necessary to address during program hours. Staff and parents share responsibility for all children needing an individualized care plan.

The development of an IHP should include the Site Supervisor and the classroom staff. Other support staff involved with the child's care may be included in this process, i.e., SST, CACU staff, and Area ECE/Disabilities Specialist. An IHP is developed when a child requires the following care while in school:

1. Adaptations in daily activities because of a medical condition. The daily activities to be considered are feeding, playing, sleeping and toileting.
2. Requires administration of medication while in school.
3. Requires a specialized emergency plan.

A copy of the completed IHP is sent to CACU via facsimile number (858) 292-1489 to the attention of the CACU Health Coordinator. If further assistance is required, staff contacts the Health Coordinator.

### **2nd Year enrolled children with an Individualized Health Plan:**

1. Staff reviews information with parent for any changes and/or up-dates.
2. If there are no changes, staff and parent sign and notate the review date on page 2, located at the bottom of the form.
3. If changes in the health condition or care occur, a new IHP/DMMP is developed.
4. If change occurs in staff administering care for the child, then page 3 of IHP is completed.
5. Staff enters IHP information in PROMIS — Family Service database.

### **Home-Based Option:**

1. Children in the home based option do not require an IHP.
2. During Orientation or a home visit, the Home Visitor discusses with the parent(s) their responsibility for bringing and administering medication if needed during socializations

and Parent Engagement Field Days. This is documented in the Progress Notes of section 2 in the Child File.

### **Medication Administration**

Consistent with federal Head Start and California Community Care Licensing regulations regarding administration, handling, and storage of medication for HS and EHS children, it is the policy of NHA Head Start program to cooperate with the child's parent/guardian to administer medication as instructed by the child's physician, and provide a safe place for storage. When deemed necessary, NHA staff in collaboration with the child's parent/guardian, will outline an individualized plan to accommodate the child's health care needs.

Parents/guardians of children needing medication while in school are informed during enrollment and orientation of the requirements for administration of medication. Once the child has been identified as needing medication administered during school, an *Authorization to Administer Medication at School* and the Individualized Health Plan forms must be properly completed prior to the child attending school.

For children needing medication, parent/guardian is provided with a copy of the *Authorization to Administer Medication at School* form to take to the family's health care provider for completion. The parent/guardian submits a completed form for each medication needing to be administered, either prescription or non-prescription.

At a center-based program, an IHP is completed by staff with the parent. A home-based option does not need to complete an IHP. This form includes information such as: (a) child's other health conditions, (b) other medications taken at home, (c) adjustments needed in order to accommodate the child's health condition(s), and (d) names of participants present in the development of the Plan.

When a special device or equipment, i.e., spacer chamber, nebulizer, prefilled or cartridge pen insulin dispenser, automated external defibrillator, is needed, a health professional or the child's parent/guardian provides clear instructions and trains the designated HS/EHS staff on the proper use of the equipment. The training/instruction provided to the designated staff is documented on the IHP form.

Staff reviews the *Authorization to Administer Medication at School* and the IHP to ensure inclusion of all necessary information such as: (a) a written statement from the physician which details the dosage directions, (b) time schedules by which medication is to be given, (c) possible side effects of medication, (d) intervention instructions, (e) the "Begin and End" date to administer medication, (f) a written statement from the parent/guardian of the child which indicates their desire to have NHA staff assist the child in the matters set forth in the physician's statement.

To ensure the safety of children who require medication, staff confirms the following:

- a. All medications are received in their original packaging;

- b. Over-the-counter medications recommended by a health care provider, require a completed *Authorization to Administer Medication at School* signed by both the medical provider and the parent/legal guardian. The child's first and last name needs to be written on the container. Any product information, such as storage instructions supplied by the manufacturer, will be kept and stored with the medication;
- c. Prescribed medication must be labeled by a pharmacist. The label must include the child's full name, along with:
  - 1. Name of the medication;
  - 2. Name of the health care provider who wrote the prescription;
  - 3. Date the prescription was filled;
  - 4. Proper dosage;
  - 5. Medication's expiration date.
- d. The scheduling of medication administration is encouraged during non-school hours.
- e. Hands must be washed before and after administration of medication. Gloves may be worn during any procedure that involves potential exposure to blood or body fluids.
- f. Only the trained staff identified in the IHP form administers the medication.
- g. A parent/guardian may also administer the medication with a signed *Authorization for Administration of Medication* form. If the parent/guardian administers medication at school, the parent/guardian records the information on the Medication/Treatment Log.
- h. Staff must ensure the child's parent/guardian is notified when medication is administered before the end of the day. If there is a change in the child's behavior, and the change in behavior is extreme, staff must notify child's parent/guardian immediately.
- i. *Epinephrine* EpiPen Jr<sup>®</sup>, insulin and glucagon may be administered by trained staff.
- j. Any questions about the administration of medication should be directed to the Health Coordinator.

In the event of a Parent Engagement Field Day, Staff brings the Critical Information Container, containing the Emergency Contact Information and First Aid supplies to the Parent Engagement Field Day. Parents or designees are responsible for transporting and administering their child's medications (including rescue medications). Staff shall remind parents to bring their child's medications to the Field Day activity.

When the child's medication has expired, is no longer needed, or if the child withdraws from the site, the medication is returned to the parent/guardian. If staff is unable to reach parent/guardian, the medication is kept locked and site staff contacts the Health Coordinator for pick up. Such medications are disposed of by a professional Waste Management Company. Every effort is made to return the medication to parent/guardian prior to disposal. Staff documents all attempts to reach family in the Child File, Progress Notes (section 2).

Dosage and name of medication must match information noted in the IHP, *Authorization to Administer Medication*, medication container, and Medication Treatment Log. Staff enters information in PROMIS – Child General Health.

Medication required by staff and volunteers is clearly labeled with their first and last names, stored away from the site's food, and remains inaccessible to children at all times.

### **Blood Borne Pathogens/Cleaning of Body Fluids**

Early Head Start, Head Start staff, and all other adults working in the classroom environment must practice and implement an effective method of cleaning bodily fluids in an effort to prevent and reduce the spread of infectious diseases. Cleaning of bodily fluids is one of the most effective ways to prevent the spread of infection in a childcare setting. All staff and volunteers must follow these guidelines when working at any NHA facility.

Effective implementation of proper cleaning of bodily fluids procedures considerably reduces the health risk to children and adults through preventing and limiting the spread of infectious diseases. Early Head Start and Head Start staff, including but not limited to, teachers, associate teachers, home visitor's, food handlers, teacher family support specialist, yard duty aides, and any other individuals who could possibly come in contact with bodily fluids are required to abide by these procedures. The NHA Safety Manager and/or Safety Officer provide the training for staff on proper cleaning of bodily fluids.

1. Spills of bodily fluids (feces, urine, blood, mucus, saliva, eye discharge or fluid discharge) must be cleaned and the area disinfected immediately.
2. Before beginning to clean any bodily fluid spills, staff and/or volunteers must, at a minimum, put on nonporous gloves. A mask and/or protective eye/face shields are available in the blood borne pathogen/bodily fluid clean-up kit and may be used at staff's discretion.
3. Any items used to clean-up bodily fluids must be disposed of using double plastic bagging with a secure tie. Other blood-contaminated materials are disposed of through double plastic bagging with a secure tie.
4. Upon completing the clean-up staff and/or volunteers must follow NHA procedures for Hand Washing and Hygiene.

5. Staff and/or volunteer must notify the Site Supervisor of the incident and complete any reporting documentation as required, i.e., Unusual Incident Report, Ouch Report, Progress Notes.
6. Any staff and/or volunteer who notify their supervisor they believe they were possibly exposed to bodily fluids must be offered the HBV vaccination at a medical clinic, through the Workers Compensation insurance carrier. If staff or volunteer decline the HBV vaccination, then they must sign a release form. A copy of the release documentation is placed in employee or volunteer's site personnel file. The original release is forwarded to the Human Resources Department and placed in the employee/volunteer's personnel file.

### **Seizure Care**

NHA staff is knowledgeable about febrile seizures triggered by high fever, common among children between six (6) months and four (4) years. Staff is trained to immediately implement the appropriate first aid, adhering to the following procedures in the event a child experiences this type of convulsion.

#### **SAFETY FIRST AID**

1. Remain calm.
2. Protect the child from injury, but do not restrain movements.
3. Place the child on his/her side to help drain secretions.
4. If the child vomits, help to clear his/her mouth using a suction bulb, if available.
5. If the child's breathing becomes noisy, pull the jaw and chin forward.
6. Do not try to force anything into the child's mouth as it is unnecessary and can cut his/her mouth, injure a tooth, cause vomiting, or result in a serious bite injury to staff member's hand/finger.
7. Do not attempt to hold the child's tongue (children rarely bite the tongue during a convulsion and cannot "swallow the tongue").
8. Loosen or remove the child's clothing.
9. Apply cold washcloths to the child's head and neck.
10. Sponge the rest of the body with cool water to help the child's body temperature fall.
11. Do not give medicines or fluids until the child is completely awake.
12. Stay with the child until he or she is fully alert and oriented.
13. Encourage cool fluids.

14. Record the duration and a description of the seizure on the child's Individual Health Plan.
15. Report the seizure to the appropriate person(s): parents, school nurse, and/or site supervisor.

#### **EMERGENCY FIRST AID**

Call 911 immediately or as directed in the child's Individual Health Plan (IHP).

#### **Changes in IMSP**

As a growing and changing organization, circumstances may require that the provisions of this IMSP be periodically modified, supplemented, updated or deleted. NHA will revise its services and procedures accordingly and submit its amended IMSP to the Department of Social Services, Child Care Licensing, for approval and replacement or appending to NHA's master Plan of Operation.