What You Can’t see … CAN Hurt You

Managing Infectious Diseases in Early Education and Care Settings

HOT TOPICS SEMINAR 2012

Healthy Child Care Hawai‘i

A collaborative project of:
University of Hawai‘i
John A. Burns School of Medicine / Department of Pediatrics
American Academy of Pediatrics - Hawai‘i Chapter
Hawai‘i State Department of Health / Children with Special Health Needs Branch

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Module 1
Understanding Infectious Diseases

• Impact
• Vulnerability
• Symptoms
• Spread

Types of Germs

• Virus
  – Frequently get better on their own
  – Limited treatment, other than rest and control of symptoms
  – Few medications to treat viruses
• Bacteria
  – Often need to be treated with antibiotics
• Fungus
  – Often on surfaces of body and can be treated with creams or oral medication
• Parasite
  – Typically cause diarrhea
  – Often need to be treated with antiparasitic medications

Definitions

• Infection
  – When a germ causes a disease
• Contamination
  – When a germ is placed in or on the body, a surface, or in food or water
More Definitions

- **Contagious**
  - When germs can be spread to others
- **Infectious**
  - Capable of causing an infection
- **Communicable**
  - Can be transmitted to others

*Essentially all mean the same thing*

Child Care at 2:00 pm

A 20-month-old child wakes up from a nap and is flushed. She does not want to play with other children and is irritable. Her temperature was taken and is 101°F.

- How does this affect:
  - Parents?
  - Caregivers/teachers at the center?
  - Health care professionals?
- How will the impact influence their decision making?

Impact of Infectious Diseases

- **Economic**
  - Loss of revenue for the family
  - Loss of productivity for the employer
- **Contagion**
  - Other children in child care
  - Families
  - Caregivers/teachers and their families
- **Disruption**
  - Alternative caregivers
  - Other colleagues filling in for missing parent at work
- **Health care**
  - Many office visits to get “sick notes”
  - Inappropriate use of antibiotics
  - Added responsibility of administering medication in child care
Good News: Annual Illness Incidence by Age

More Good News

- Germs in early education programs are the same as those in community outbreaks
- 90% of infections are mild, self-limited, and require no treatment

Why Are Children More Vulnerable to Infectious Diseases?
Who is Most Vulnerable to Infection?

- Young infants
- Children with special health care needs
  - Equipment in their bodies (catheters, g-tubes)
- Children with impaired immune systems
- Pregnant women

Symptoms of Infectious Diseases

- What symptoms might this child have or develop in the next few days?

  - Cough
  - Runny nose and/or congestion
  - Difficult or noisy breathing
  - Vomiting, nausea, or stomachache
  - Diarrhea
  - Rash
  - Itching
  - Drainage or irritation of eye or other infected body part
  - Fever
  - Aches or pains: Sore throat, earache, headache, body ache
  - Mouth sores
  - Swollen glands
  - Behavior changes
Common Symptoms Reported in Early Education Settings

- Respiratory: 66%
- Fever: 14%
- Gastroenteritis: 9%
- Earache: 6%
- Rash: 5%

Symptoms That Cause The Most Absence

- Gastroenteritis: 23%
- Pinkeye: 16%
- Fever: 15%
- Respiratory: 11%
- Earache: 8%
- Rash: 25%

How Infectious Diseases Spread

- Respiratory droplets
- Fecal-oral
- Direct contact with people or objects (especially by germs on hands)
- Body fluids: blood, urine, and saliva
- Insects
Summary

• All members of society are affected by the spread of infectious diseases in groups of children
• Children are more vulnerable because of immature immune systems
• Infectious diseases spread by different methods
• Each method of spread can be prevented by specific strategies, which will be discussed in the next module

Questions?
Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings

Module 2
Preventing Infectious Diseases

- Controlling Spread
- Tools
- Vaccines
- Reducing Germs
- Sanitation
- Food Handling
- Policies and Procedures

Controlling Spread of Infection

Overview of Tools to Control Infection—People

- Promote health of teacher/caregiver and children
  - Nutrition
  - Sleep
  - Exercise
  - Safe activities and healthful practices
  - Immunization with vaccines
  - Manage risks for children and staff who have special needs

Can you give an example of 1 of these?
Overview of Tools to Control Infection—Places/Environment

- Facility design
  - Enough space to prevent crowding
  - Surfaces easily cleanable
  - Separation of food areas from toileting and diapering
  - Enough flushing toilets and well-designed diaper-changing stations
  - Heating, ventilation, and air-conditioning systems meet health standards

- Program Plan
  - Group size and staffing facilitates practicing infection control routines
  - Mixed-age and mixed-group arrangements require extra infection control effort

Overview of Tools to Control Infection—Germs

- Wash hands
- Clean and sanitize surfaces
- Follow Standard Precautions for exposure to blood
- Carefully dispose of material that might contain bad germs
- Exclude ill people from the group when it matters

Checking Vaccine Records

- Why should early education programs check whether child and staff vaccines are up to date?
- Why are so many people overdue for vaccines?
- Easing the burden of checking:
  - Public health vaccine registries
  - Tracking software
  - Get help from a Child Care Health Consultant
  - Use the CDC Web site vaccine checker at www.cdc.gov/vaccines
Hand Washing

- Make sinks, soap, and towels available
- Do at routine times
- Use good technique
- Have fun washing
- Soap and water is best

When should children and adults wash their hands in child care settings?
Role-play proper technique for hand washing

Controversial Issues

- Gloves
  - Required only when contact with blood is possible
  - May be used in diapering, changing soiled clothes, wiping noses, or other situations where contact with body fluids might occur
  - Hands must be washed even when gloves are worn
- Hand sanitizers
  - Toxic, flammable, expensive, and need enough of the sanitizer for required contact time
- Antibacterial soaps
  - Neither required nor recommended

Sanitation
Curriculum for Managing Infectious Diseases – Module 1

What Does Your Program Do

• To clean and sanitize toys?
• To clean bedding?
• To clean soft toys?
• To clean soft surfaces on furniture?
• To clean carpets and hard surface floors?
• To clean tables, door, and cabinet handles?

Evaluate This Diapering Set-up

Sanitary Food Handling

• Prevent food-borne illness with sanitary food handling practices
• Keep perishable foods at safe temperatures (below 40° F or above 140° F)
• Prevent contamination of food during handling
• Examine foods brought from home to be sure they have been held at safe temperatures during transport
What Does “Clean” Mean?

Sanitizing Versus Disinfecting

- Sanitize: reduce, not eliminate, germs to a level that is unlikely to cause disease
- Disinfect: destroy or inactivate infectious fungi and bacteria, not necessarily spores

Methods: immersing, wiping, and spraying

Informing Parents and Child Care Staff

- Daily Health Check
- Talking with parents about health policies
- Notification when children are ill
- Providing medical reports
- Children with special needs
What Are the Infectious Disease Issues for Each of These?

- Pets
- Storage of gear and bedding
- Separation of groups
# Cleaning and Sanitizing Chart

<table>
<thead>
<tr>
<th>Area</th>
<th>Clean</th>
<th>Sanitize</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classroom/Child Care/Food Areas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countertops/tabletops, floors, doorknobs, and cabinet handles</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled</td>
</tr>
<tr>
<td>Food preparation/service surfaces</td>
<td>X</td>
<td>X</td>
<td>Before/after contact with food activity; between preparation of raw and cooked foods</td>
</tr>
<tr>
<td>Carpets and large area rugs</td>
<td>X</td>
<td></td>
<td>Vacuum daily when children are not present. Clean with a carpet-cleaning method approved by the local health authority. Clean carpets only when children will not be present until carpet is dry. Clean carpets at least monthly in infant areas, at least every 3 months in other areas, and when soiled.</td>
</tr>
<tr>
<td>Small rugs</td>
<td>X</td>
<td></td>
<td>Shake outdoors or vacuum daily. Launder weekly.</td>
</tr>
<tr>
<td>Utensils, surfaces/toys that go in the mouth or have been in contact with saliva or other body fluids</td>
<td>X</td>
<td>X</td>
<td>After each child’s use, or use disposable, one-time utensils or toys.</td>
</tr>
<tr>
<td>Toys that are not contaminated with body fluids. Dress-up clothes. Sheets/pillowcases, individual cloth towels (if used), combs/brushes, washcloths, and machine-washable cloth toys. (None of these items should be shared among children without washing first because of the potential for spread of germs by close contact of these items with the skin and hair of the body.)</td>
<td>X</td>
<td></td>
<td>Weekly and when visibly soiled. Many of these articles may be washed in a dishwasher or clothes washer. Small toys, such as plastic blocks, can be put in a net bag for washing.</td>
</tr>
<tr>
<td>Blankets, sleeping bags, cubbies</td>
<td>X</td>
<td></td>
<td>Monthly and when soiled</td>
</tr>
<tr>
<td>Cribs and crib mattresses</td>
<td>X</td>
<td></td>
<td>Weekly, before use by different child, and whenever soiled or wet</td>
</tr>
<tr>
<td>Phone receivers</td>
<td>X</td>
<td>X</td>
<td>Weekly</td>
</tr>
<tr>
<td><strong>Toilet and Diapering Areas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand-washing sinks, faucets, surrounding counters, soap dispensers, doorknobs</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled</td>
</tr>
<tr>
<td>Toilet seats, toilet handles, doorknobs or cubicle handles, floors</td>
<td>X</td>
<td>X</td>
<td>Daily or immediately if visibly soiled</td>
</tr>
<tr>
<td>Toilet bowls</td>
<td>X</td>
<td>X</td>
<td>Daily</td>
</tr>
<tr>
<td>Changing tables, potty chairs (Use of potty chairs in child care is discouraged because of high risk of contamination.)</td>
<td>X</td>
<td>X</td>
<td>After each child’s use</td>
</tr>
<tr>
<td><strong>General Facility</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mops and cleaning rags</td>
<td>X</td>
<td>X</td>
<td>Before and after a day of use, wash mops/rags in detergent and water, rinse in water, immerse in sanitizing solution, and wring as dry as possible. After cleaning and sanitizing, hang mops and rags to dry.</td>
</tr>
<tr>
<td>Waste and diaper containers</td>
<td>X</td>
<td></td>
<td>Daily</td>
</tr>
<tr>
<td>Any surface contaminated with body fluids (eg, saliva, mucus, vomit, urine, stool, blood)</td>
<td>X</td>
<td>X</td>
<td>Immediately, using standard precautions as specified in Caring for Our Children, Standard 3.026</td>
</tr>
</tbody>
</table>


**American Academy of Pediatrics**

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide.* 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009. Available at www.aap.org/bookstore.
### Case 1

The teacher in the toddler room notices that 20-month-old Suzy is a little less active than normal and has a runny nose, though she has been playing on and off. She is still participating in various activities. The teacher checks her temperature by mouth and it is 101°F.

- Does Suzy need to be excluded? Why or why not?
- Is there an exclusion policy that covers this?
- What is difficult about this case?

### Daily Health Check

- Routine of greeting parents/children every day
- Form of communication between parents and caregiver/teacher
- May enable caregivers/teachers to identify illness while parents are still present
What to Do When Kids Get Sick After the Daily Health Check?

- Monitor children for
  - Participation in activities
  - Need for additional care
- If participation decreases or need for care increases, then check for other symptoms
- If other symptoms are present
  - Make a decision about exclusion
  - Notify parents
  - Care for child until the parent arrives

Outbreaks

- Sudden rise in the occurrence of a disease
- Notify your child care health consultant or health department
- Consult *Managing Infectious Diseases in Child Care and Schools* for more information

Reasons for Exclusion

The caregiver/teacher should exclude if the illness:

- Prevents the child from participating comfortably in activities
- Results in a need for care that is greater than the staff can provide without compromising the health and safety of the other children
- Specific disease, symptom or condition
- Other reasons?
  - Child needs to be diagnosed
  - Child is a danger to others — Many of these conditions can be harmful to other children or require treatment with medications.
Symptoms Versus Diseases

• Children develop symptoms first but don’t yet have a diagnosis
• Caregivers/teachers SHOULD NOT need to make the diagnosis of a specific disease
• Caregivers/teachers DO need to recognize symptoms for which exclusion is necessary

Symptoms of Severe Illness

Call 911 (and the parents)
• Fever with difficulty breathing or abnormal skin color (very pale, blue, or very pink)
• Child acting very strangely, much less alert or withdrawn, lethargic, or unresponsive
• Difficulty breathing, unable to speak
• Skin or lips that look blue, purple, or gray
• Rhythmic jerking of arms/legs (seizure)
• Vomiting blood
• Large volume of blood in the stools
• Stiff neck with headache and fever
• Suddenly spreading purple or red rash

Symptoms of Urgent Conditions

Urgent conditions don’t need EMS if parent notification and medical care can be achieved in an hour or so
• Fever in a child who looks more than mildly ill
• Unexplained irritability
• Fever in a child under 60 days old
• Severe vomiting and/or diarrhea
• Animal bite that breaks the skin
• Venomous bites or stings
• Injury like a break to the skin that doesn’t hold together
Symptoms Requiring Exclusion

- Fever WITH behavior change
- Diarrhea (in some cases)
- Blood in stool
- Vomiting more than 2 times in 24 hours
- Abdominal pain (in some cases)
- Drooling with mouth sores

Some of these symptoms will require a visit to a healthcare professional, but not all.
Goals of Exclusion

• Goal is NOT usually to reduce spread of mild infections since symptoms occur after germs have already been spread
• Ensure children who cannot participate or need more care than possible are at home
• Ensure children have adequate supervision and teacher/caregiver to child ratios are maintained
• Keep certain serious conditions out of the program (these are uncommon)
Summary

• Exclusion decisions should be based on written criteria
  – Rules are confusing and vary a lot
  – Find your state exclusion criteria at National Resource Center for Health
    and Safety in Child Care
  – Use Managing Infectious Diseases in Child Care and Schools
• Three main reasons for exclusion
  – Prevents the child from participating comfortably in activities
  – Results in a need for care that is greater than the staff can provide
    without compromising the health and safety of the other children
  – Specific symptoms or conditions
• Decisions about who to notify can be determined by checking
  Managing Infectious Diseases in Child Care and Schools
  and consulting with local public health authorities as needed

Questions?
FORMS AND LETTERS
Notice of Exposure to Communicable Disease

Name of Facility/School

Address of Facility/School

Telephone Number of Facility/School

Dear Parent or Legal Guardian:
A child in our facility/school has or is suspected of having .
Without violating the confidentiality of this child, the facts you need to know about your child’s exposure in this situation are:

We want to inform you about this condition and the related exclusion and return-to-care practices at our facility/school. Please read the attached information sheet closely and call us with any questions.

Facility/School Staff Person’s Name

Telephone Number

at
Information About This Disease

Note: To be used if there is no applicable Quick Reference Sheet in Chapter 7. You may copy those pages for communications with families/health professionals.

The disease is spread by ________________________________

The symptoms are _______________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

The disease can be prevented by ________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

What the facility/school is doing to reduce the spread: ___________________________________________________________

_______________________________________________________________________________________________________

What you can do at home: _______________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

Is exclusion necessary? ____________________________________________________________________________________

When can an excluded child return? _________________________________________________________________________

Comments _____________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________
Symptoms or Suspected Illness—Sample A
(See alternate type of form on page 178.)

Name of Child __________________________________________________________________________________________

Facility/School __________________________ Date __________________________

Dear Parent/Guardian:

Today at our facility/school, your child was observed to have one or more of the following signs or symptoms:

**General**
- Fever (101°F [38.3°C] or above orally or axillary)
- Complained of headache
- Swelling of or pus from __________________________

**Eye**
- Pinkeye
- Tears, redness of eyelid lining

**Gastrointestinal**
- Diarrhea _____ times in the last 24 hours (had an abnormally loose stool)
- Vomiting _____ times in the last 24 hours

**Respiratory**
- Difficult or rapid breathing
- Severe coughing
- Child gets red or blue in the face
- Trouble swallowing or complained of sore throat
- Earache or signs that suggested earache (specify)_______

**Skin**
- Infected skin patches
- Crusty, bright yellow, dry, or gummy areas of skin
- Severe itching of body/scalp
- Unusual spots or rashes
- Head lice or nits

**Unusual behavior**
- Loss of appetite
- Child cries more than usual
- Child feels general discomfort
- Cranky or less active
- Just seems unwell

**Urine problem**
- Specify________________________________________

**Other**
- Specify ________________________________________

Contact your health professional if there is
- Persistent fever (above 101°F [38.3°C]) and child seems very sick
- Breathing so hard child cannot play, talk, cry, or drink
- Severe coughing
- Earache
- Sore throat with fever
- Thick nasal drainage that lasts more than 10 days
- Rash accompanied by fever
- Persistent diarrhea (more than 1–2 days)
- Severe headache and stiff neck with fever
- Yellow skin and/or eyes
- Considerable confusion or difficult to arouse
- Rash, hives, or welts that appear quickly
- Severe stomachache that causes child to double over and scream
- No urination over 8-hour period; mouth and tongue look dry
- Black stool or blood mixed with stool
- Any child who looks or acts very ill or seems to be getting worse quickly

We are excluding your child from attendance at our facility/school until

- The signs or symptoms that required exclusion have resolved.
- The child can comfortably participate in normal activities.
- We can provide the level of care your child needs.
- Other __________________________
Symptoms or Suspected Illness—Sample B
(See alternate type of form on page 177.)

Name of facility/school
________________________________________________________________________________________

Child’s name
_____________________________________________________________________________________

Date ________________________________________________________________________________ Symptom(s) _________________________________________________________________________

When symptom began, how long it lasted, how severe, how often? ______________________________________________________________________

Any change in child’s behavior? _______________________________________________________________________

_____________________________________________________________________________________

Child’s temperature _____________ Time taken _____________ (Circle one: Armpit Oral Rectal Ear canal)

How much and what type of food and fluid did the child take today? ______________________________________________________________________

How many urine and bowel movements today and how typical/normal were they? ______________________________________________________________________

Check the appropriate box(es) or write in other symptoms.
☐ Runny nose ☐ Sore throat ☐ Cough ☐ Diarrhea
☐ Wheezing ☐ Trouble breathing ☐ Stiff neck ☐ Trouble urinating
☐ Pain ☐ Itching ☐ Trouble sleeping ☐ Earache
☐ Headache ☐ Stomachache ☐ Rash ☐ Vomiting

Other symptoms __________________________________________________________________________

_____________________________________________________________________________________

Any medications today? (name, time, dose) _______________________________________________________________________

Exposure to chemicals, animals, insects, soaps, or new foods _______________________________________________________________________

Exposure to other people who were sick (what sickness?—for confidentiality reasons, please do not identify individuals) ____________

Child’s other problems that might affect this illness (eg, asthma, anemia, diabetes, allergy, emotional trauma) _______________________

What has been done so far? __________________________________________________________________________

__
Authorization for Release of Information

I, _____________________________________________________________________________, give permission for 

(health professional/facility)

_________________________________________________________________________________

to release to _________________________________________________________________________ the following information:  

(facility/school)

_________________________________________________________________________________

(screenings, tests, diagnoses, treatments, recommendations)

The information will be used solely to plan and coordinate the care of my child, kept confidential, and only shared with ______ 

_________________________________________________________________________________

(staff title/name)

Name of Child _______________________________________________________________________

Address __________________________________________________________________________

City __________________________________ State ___________ Zip ____________

Date of Birth ______________________________________________________________________

Parent/Guardian Signature _______________________________________________________________________

Witness Signature __________________________________________________________________________

Staff Member to Contact for Additional Information ______________________________________________________________________
**Authorization to Give Medicine**

**PAGE 1—TO BE COMPLETED BY PARENT**

**CHILD’S INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility/School</th>
<th>/ /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Child (First and Last)</td>
<td>/ /</td>
</tr>
<tr>
<td>Name of Medicine</td>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

Reason medicine is needed during school hours

Dose ____________________ Route ____________________

Time to give medicine

Additional instructions

Date to start medicine _____/_____/_____  Stop date _____/_____/_____ 

Known side effects of medicine

Plan of management of side effects

Child allergies

**PRESCRIBER’S INFORMATION**

<table>
<thead>
<tr>
<th>Prescribing Health Professional’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
</tr>
</tbody>
</table>

**PERMISSION TO GIVE MEDICINE**

I hereby give permission for the facility/school to administer medicine as prescribed above. **I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.**

Parent or Guardian Name (Print)

Parent or Guardian Signature

Address

| Home Phone Number | Work Phone Number | Cell Phone Number |

Adapted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, Connecticut Department of Public Health, and Healthy Child Care Pennsylvania.
Receiving Medication
PAGE 2—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child __________________________________________________________________________

Name of medicine ________________________________________________________________________

Date medicine was received _____/_____/_____

Safety Check


☐ 2. Original prescription or manufacturer’s label with the name and strength of the medicine.

☐ 3. Name of child on container is correct (first and last names).

☐ 4. Current date on prescription/expiration label covers period when medicine is to be given.

☐ 5. Name and phone number of licensed health care professional who ordered medicine is on container or on file.

☐ 6. Copy of Child Health Record is on file.

☐ 7. Instructions are clear for dose, route, and time to give medicine.

☐ 8. Instructions are clear for storage (eg, temperature) and medicine has been safely stored.

☐ 9. Child has had a previous trial dose.

Y ☐ N ☐ 10. Is this a controlled substance? If yes, special storage and log may be needed.

__________________________________________
Caregiver/Teacher Name (Print)

__________________________________________
Caregiver/Teacher Signature
# Medication Log

**PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER**

Name of child ______________________________________________________ Weight of child ___________________________

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicine</strong></td>
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<tr>
<td><strong>Date</strong></td>
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<tr>
<td><strong>Actual time given</strong></td>
<td>AM _______</td>
<td>AM _______</td>
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<td>AM _______</td>
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<tr>
<td><strong>Dosage/amount</strong></td>
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<tr>
<td><strong>Route</strong></td>
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<tr>
<td><strong>Staff signature</strong></td>
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<table>
<thead>
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<td><strong>Medicine</strong></td>
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<td><strong>Actual time given</strong></td>
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<td>PM _______</td>
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<td>PM _______</td>
</tr>
<tr>
<td><strong>Dosage/amount</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Route</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Staff signature</strong></td>
<td></td>
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</tr>
</tbody>
</table>

*Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.*

<table>
<thead>
<tr>
<th>Date/time</th>
<th>Error/problem/reaction to medication</th>
<th>Action taken</th>
<th>Name of parent/guardian notified and time/date</th>
<th>Caregiver/teacher signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**RETURNED** to parent/guardian  

<table>
<thead>
<tr>
<th>Date</th>
<th>Parent/guardian signature</th>
<th>Caregiver/teacher signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td></td>
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</tbody>
</table>

**DISPOSED** of medicine  

<table>
<thead>
<tr>
<th>Date</th>
<th>Caregiver/teacher signature</th>
<th>Witness signature</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
Medication Incident Report

Date of report ___________________________ School/center ______________________________

Name of person completing this report ___________________________________________________

Signature of person completing this report ________________________________________________

Child’s name __________________________________________________________________________

Date of birth ___________________________ Classroom/grade ______________________________

Date incident occurred ___________________________ Time noted __________________________

Person administering medication __________________________________________________________

Prescribing health care provider _________________________________________________________

Name of medication ______________________________________________________________________

Dose ___________________________ Scheduled time ________________________________

Describe the incident and how it occurred (wrong child, medication, dose, time, or route?)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Action taken/intervention ________________________________________________________________

Parent/guardian notified? Yes ________ No ________ Date ___________ Time _________________

Name of the parent/guardian that was notified ______________________________________________

Follow-up and outcome _________________________________________________________________

Administrator’s signature ________________________________________________________________
This Hawai‘i manual
“What You Can’t See ... Can Hurt You – Managing Infectious Diseases in Early Education and Care Settings” is based on:

Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings
PARTICIPANT’S MANUAL

HEALTHY FUTURES
Improving Health Outcomes for Young Children
A program of the American Academy of Pediatrics

American Academy of Pediatrics
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