

DEPARTMENT OF THE ARMY
HEADQUARTERS US ARMY MEDICAL DEPARTMENT ACTIVITY
9501 Farrell Road STE GC-11
Fort Belvoir, Virginia 22060-5901

MCXA-PVM-CHN

23 February 2007

SUBJECT: Standing Operating Procedure (SOP), Child and Youth Services (CYS) Health Care Management, which is inclusive of the Child Development Centers (CDC), Family Child Care Homes (FCC), School Age Services (SAS), and Youth Services (YS) for the Fort Belvoir Garrison.

1. **Purpose.** The purpose of the SOP is to provide the Ft. Belvoir Child and Youth Service (CYS) information on health requirements and the overall health program.

2. **References:**

- a. AR 608-10, Child Development Services, dated 15 Jul 97 and Change 1, dated 15 Aug 97.
- b. AR 608-75, Exceptional Family Member Program, 22 Dec 06
- c. Title 29, United States Code, Section 794 (Section 504, Rehabilitation Act of 1973)
- d. 20 U.S.C. 1232, 1400 et seq, Education for all Handicapped Children Act of 1975
- e. 20 U.S.C. 1471 et seq, Infants and Toddlers Programs
- f. CFSC-FSCY Memorandum, Subject: Inclusion of Special Needs (SN) Children within Child Development Services (CYS) Programs, 28 Jan 94
- g. CFSC-FSCY Memorandum, Subject: Special Needs Accommodation Process (SNAP) Responsibilities, 01 Feb 07.
- h. CFSC-FSCY Memorandum, Subject: Child Development Services (CYS) Policy on the Care of Human Immune deficiency Virus (HIV) Positive Children, 24 Jun 94
- i. CFSC-FSCY Memorandum, Subject: Medication and Caregiving Health Practices in Child Development Services (CYS) Programs, 15 Jun 94

3. **Scope.** This SOP is applicable to all Child and Youth Services employees, FCC Providers, and contractors.

4. **Responsibilities.** The health of children attending the Fort Belvoir Child and Youth Services is a cooperative responsibility of parents, CYS personnel, and health professionals.

- a. The CYS Coordinator or his/her designee is responsible for providing the leadership in the CYS health program.

b. The Garrison Commander is directly responsible for the operation of Child and Youth Services, and for ensuring that the health standards prescribed by this SOP are maintained.

c. The Army Public Health Nursing (APHN) CYS Program Manager at Fort Belvoir MEDDAC serves as consultant to the program, with responsibilities for:

- (1) Making recommendations for health, safety and sanitation policies.
- (2) Reviewing and updating CYS Health Program SOP and related documents annually.
- (3) Acting as consultant on health matters relating to the children.
- (4) Conducting monthly health/liaison inspections.

d. Chief, Environmental Health is responsible for routine and annual comprehensive sanitation inspection by Environmental Health. Inspection frequency is based on risk assessment

e. The Chief of Pediatrics or a representative from Fort Belvoir MEDDAC, serves as a medical consultant to the Preventive Medicine staff in establishing medical and first aid policies.

5. Health Requirements

a. CYS/FCC Providers Health Requirements Procedure:

(1) Each CYS employees /FCC providers must have a pre-employment physical to include review of immunization status and other tests deemed appropriate by the Occupational Health Service (OHC). An annual health assessment conducted by the OCS will be done to determine if there have been any changes in health status and will include a tuberculin skin test or chest x-ray, if appropriate. CYS employees/FCC Providers will have a titer drawn for measles, mumps, rubella, and chicken pox (Varivax) and vaccinated if results indicate need.

(2) CYS employees/FCC providers will be able to walk, bend, stoop for prolonged periods, and be able to lift up to 40 pounds for CYS employees and 30 pounds for FCC providers. This requirement will be assessed annually as part of the health assessment conducted by the OCS.

(3) All CYS employees/FCC providers, volunteers, and persons in FCC homes must be in good physical and mental health and free from communicable disease. Those ill with fever, rashes, sore throats, colds or other communicable diseases, or on medication that may impair their ability to function in a safe manner will not be permitted to work without medical clearance.

b. Child Health Requirements Procedures:

(1) The CYS registration staff is responsible for reviewing all records to ensure compliance. Department of the Army (DA) CYS Health Assessment Form (FSB) FM59 (formerly DA Form 5223-R) will be filled out for each child in a CYS program. This provides CYS personnel with basic health information on all children and assures that there are no health problems which could impact on the child's participation in CYS.

MCXA-PVM-CHN

SUBJECT: SOP for CYS Health Care Management

(2) Parents fill out, date and sign Part 1 of the Child Health Assessment FB Form (FSB) FM59 (formerly DA Form 5223-R). In keeping with the Health Insurance Portability and Accountability Act (HIPPA), health information regarding a child must only be disclosed to CYS personnel by the parents and will not be provided to individuals who are not covered by HIPPA disclosure.

(3) A physical examination and immunization review, completed by a medical provider, should be documented in Part 2: Health Evaluation of FB Form (FSB) FM59. If a school physical is used to meet the requirement, it must be attached to this form. The Immunization review will be based on the most current version of the Childhood and Adolescent Immunization Schedule approved by ACIP. The form must be signed and dated within the past calendar year or within 30 days following enrollment. The parent(s) must review the record yearly (as evidenced by initialing and dating the form) and complete the re-registration form stating there are no health changes. If there are any changes a new health assessment must be obtained.

(4) A waiver of the immunization requirement must be approved in writing by the Chief, Preventive Medicine in consultation with the APHN/ CHN CYS Health Consultant. Parents will be counseled that children with waivers will be excluded from the program in the event of a vaccine preventable communicable outbreak.

(5) The child's health record is screened initially and annually thereafter by CYS designated personnel to ensure compliance with section (1) and (2).

(6) A copy of the completed FB Form (FSB) FM59 will be kept on file at the FCC home or CDC where the child is enrolled

(7) The CYS Registration Form will be filled out, signed, and dated by the parent(s). This form includes consent for CYS representatives to act on behalf of the parent(s) in an emergency medical or dental care situation; the Emergency Notification Designee and their contact information; medical problems/allergies; and, date of most recent tetanus.

(8) The Child and Youth Services (CYS) Child and Family Profile (DA Form 5224-R) will be filled out by the parents of children 3 years of age and under to help ensure a child's needs are being met.

(9) These forms will be kept on file where the child's care is provided. They will be reviewed and up-dated annually or as needed.

6. Special Needs Accommodation Process (SNAP) Screening Procedures

a. CYS Central Registration Office will initiate an APHN Case Referral (DA Form 3763) as part of the Special Needs process when a parent indicated on the CYS Registration Form or Health Assessment that the child has a special need, including but not limited to: asthma; ADD/ADHD; allergies; seizure disorder; developmental; or, other handicap/developmental conditions.

MCXA-PVM-CHN

SUBJECT: SOP for CYS Health Care Management

b. The APHN CYS Program Manager will:

(1) Arrange for a telephone or office consultation with the parent(s) to complete a SNAP Program Placement Checklist (DA 7625-2) and review appropriate medical records if necessary.

(a) Use their professional judgment to determine if a Child needs a SNAP based upon the guidelines provided in AR 608-75.

(b) If food allergy is indicated, request that parent provide documentation, from an allergist, of the allergy and dietary plan to be included in the assessment. The CDC Director is responsible for working with kitchen staff to provide substitutions as indicated by the allergy dietary plan; and, to ensure that the food allergy statement and picture of the child are located in a visible spot near the food preparation or eating area, but out of plain site. If the CDC or FCC provider is unable to provide substitutions, the parents will be informed that they will be responsible for providing the necessary substitutions. The FCC provider will be provided with the allergy dietary plan and provide substitutions as indicated. Whenever the child moves to a different CYS program or provider, this information, including the allergy statement and picture, must follow.

(c) Fax completed SNAP Screening (DA 4700) and Case Referral (DA 3763) to CYS Registration. A completed SNAP screening packet includes the aforementioned and a confirmatory fax receipt.

(d) Attend all SNAP meetings or send a fully informed representative to provide recommendations based on the completion of DA Form 4700.

(e) Provide to appropriate CDC or FCC provider, if indicated by the SNAP screening recommendations, letter of exception for medication not approved for use (i.e. Albuterol for treatment of an asthmatic episode; EpiPen for possible anaphylactic reaction). Arrange for training of CYS staff on the medication administration and the condition requiring the medication.

(f) Maintain a data base of all SNAP case referrals to include date received, sponsor's last four digits of social security number, SNAP case number, type of case (initial referral, new problem, or annual review), CHN assigned to referral, and date assessment is completed.

(g) Establish and maintain in a locked file cabinet an individual file for each SNAP case referral.

7. Immunization Requirement Procedures

a. Prior to initial admission to CYS programs, an immunization record indicating compliance with immunization recommendations in the most recent Childhood and Adolescent Immunization Schedule and appropriate to age of the child shall be presented to CYS Registration personnel. A child may be granted 30 days for an immunization that is currently due.

b. CYS employees/FCC providers will develop routine monitoring procedures so that compliance with immunization requirements is kept current for each child.

c. The CHN will review, as part of the monthly inspection criteria, a random selection of files in the CYS/FCC setting to ensure compliance with the required immunizations appropriate to age of the child.

8. Arrival Health Screening Procedures (AR 608.10, 4-28)

a. CYS employees/FCC providers will physically inspect each child before daily admission. Inspection will be done immediately upon child's arrival and prior to the parent's departure.

b. Upon arrival, staff should inquire whether child has had any of the following symptoms/conditions within the last 12 hours; and if so, the child should be denied admission:

(1) Nausea, vomiting or diarrhea

(2) Any complaints of not feeling well that prevents the child from participating.

(3) Fever (Temperature of 100.5 degrees F for children less than 3 months; 101 degrees F for over 3 months old); or, not feeling well the previous night. However, due to the fact that children with a diagnosis of febrile seizure disorder may experience a rapid escalation in temperature that could lead to a seizure, their parents will be notified of any elevation in temperature beyond 99 degrees F.

(4) Symptoms of contagious conditions including, but not limited to:

(a) Impetigo - Red, oozing erosion capped with a golden yellow crust that appears stuck on.

(b) Scabies – Crusty, wavy ridges and tunnels in the webs of fingers, hand, wrist, and trunk.

(c) Ringworm - Flat, spreading, ring-shaped lesions.

(d) Chicken pox - Crops of small blisters that crust in two to four days.

(e) Head lice/nits - Whitish-gray clot attached to hair shafts.

MCXA-PVM-CHN

SUBJECT: SOP for CYS Health Care Management

(f) Culture-proven strep - Infections that have not been under treatment for at least 24 hours.

(g) Conjunctivitis (pink eye)- Red, watery eyes with thick, yellowish discharge.

(h) Persistent cough, severe diarrhea, or vomiting.

(i) Symptoms of other contagious diseases such as measles, mumps, hepatitis, and strep.

(j) Coxsackievirus (Hand, Foot and Mouth Disease)

(k) Pinworm infestation.

a. If the child is denied service, ensure that the parent has a Fort Belvoir Child and Youth Services Health Referral (Appendix 1) that informs parents and medical providers of the readmission criteria.

9. Medical Care After Admission Procedures: Procedural guidance comes from the document entitled First Aid Treatment (Appendix 3). A copy of these procedures will be available in each FCC home and posted in every module in the CDCs. Procedures include the following:

a. If a child becomes ill, he/she will be immediately isolated from the group until the parent arrives.

b. Parent(s) will be notified by calling the phone numbers indicated on the CYS Registration Form. The child will be released only to a parent or their designees shown on the CYS Registration Form.

c. Emergency numbers for ambulance, poison control, military police, and fire department will be posted by every phone in the CDC or FCC home.

d. In an emergency situation where the child's condition represents a serious or imminent threat to life, the CYS Registration Form gives consent by the parent for CYS employees/FCC providers to take the child for care. If indicated, the child will be taken to the DeWitt ArmyCommunity Hospital, Fort Belvoir, by ambulance and accompanied by a CYS employee/FCC provider.. CYS personnel will continue to try to contact the parents. Conditions that require immediate medical care include:

(1) Convulsions

(2) Difficulty breathing

(3) Unconsciousness

(4) Significant laceration

MCXA-PVM-CHN

SUBJECT: SOP for CYS Health Care Management

- (5) Injury to an extremity with an obvious deformity
 - (6) Head trauma with vomiting or altered consciousness.
- e. Parents of children using extended hours and long-term care services in FCC homes where length of care exceeds 24 hours must provide a special medical power of attorney.
- f. Parents whose children were exposed to a child with a reportable communicable disease shall be notified. Reportable communicable diseases include but are not limited to: viral hepatitis A; giardiasis; shigella; salmonella; chicken pox; measles; and, meningitis.
- g. In the CDCs, within 24 hours of a communicable disease being diagnosed or suspected, the CDC Director/designee will contact the CYS Program Manager and simultaneously the PHN/CHN as outlined in AR 608-10, 2-15f; 2-20a &b: 2-21b; 4-25; 4-30; 5-8b & e; 6-20e.
- h. In an FCC home, within 24 hours of a communicable disease being diagnosed or suspected, the FCC provider will contact the FCC Director/designee. The FCC Director/designee will contact the CYS Program Manager and simultaneously the APHN/CHN.
- i. For both the CDC and FCC homes, the same reporting will occur when two or more cases of diarrhea (in the same room for CDC) occur at the same time.
- j. The Communicable Disease Chart (Appendix 2) will be posted in each module in the CDCs and in each FCC home.
- k. The health consultant will be the proponent for all training on preventing communicable diseases. Training will be competency based and the Training and Curriculum Specialists will track training for employees consistent with AR 608-10, 5-8b & 6-20e.
10. Readmission After Illness Procedure: CYS staff must ensure that the following criteria are met:
- a. The child is well enough to participate.
 - b. The child's presence will not endanger the health of other children.
 - c. The readmission criteria specific to the child's condition as listed in the Fort Belvoir Child and Youth Services Health Referral (Appendix 2) are met.
 - d. Fever has been absent for 24 hours i.e. 24 hours from the time the child has been temperature-free.
 - e. The appropriate number of doses of antibiotics has been given over a 24-hour period. Exceptions may be made for antibiotics for a non-contagious condition if the parent is present to administer the medication during this 24-hour period.

MCXA-PVM-CHN
SUBJECT: SOP for CYS Health Care Management

f. For illnesses requiring a 24-hour absence, the child must be excluded the day following his/her release.

g. Certification from a physician that the child may return to the program is required when the following diseases are diagnosed:

- (1) Giardia Lamblia
- (2) Shigella
- (3) Salmonella
- (4) Hepatitis A
- (5) Hemophilus Influenza B (HIB)
- (6) Tuberculosis
- (7) Pertussis (whooping cough)
- (8) Polio
- (9) Diphtheria
- (10) Rashes of unknown origin
- (11) Conjunctivitis
- (12) Impetigo
- (13) Scabies
- (14) Scarlet Fever
- (15) Strep throat
- (16) Ringworm
- (17) Measles
- (18) Rubella

h. Children wearing casts, slings or having stitches must have a written statement from a physician or health care provider upon return

MCXA-PVM-CHN

SUBJECT: SOP for CYS Health Care Management

11. Procedures for Care of Children Infected with HIV : The following guidelines apply to the procedures for care of all infants and children ages 4 weeks through 17 years of age regardless of their stage of infection with HIV, and are based on the need to protect HIV-infected children from the risk of acquiring illness or infections common in other children with normal immune systems (AR 608-10, Para 4-27).

a. Determine placement of an HIV-infected child into Army sponsored CYS programs on a case-by-case basis by referring to a team consisting of the child's physician, his or her parents, the CYS Program Manager, the Preventive Medicine physician, the APHN/CHN, and the SNAP Team. If this team is unsure of the appropriate placement decision, additional personnel at the medical facility servicing that installation's health service region or at the installation's MACOM headquarters may be consulted. All personnel involved in the decision will maintain confidentiality.

b. The team will recommend the optimal setting for care based on the overall health status of the child. Factors which will be considered in the decision include neurological development, behavior, and immune system status.

c. The team will determine whether special circumstances in which the protective environment of a special purpose FCC home would be more appropriate (i.e., need for stringent infection control procedures to protect an HIV-infected child from communicable disease).

d. CYS and all involved parties will ensure that knowledge of the child's HIV status will be limited to those who have a legitimate need for that information, taking into account the following:

(1) Specific infection control procedures needed to protect the child or the child's caregivers/FCC providers.

(2) Home health procedures dictated by the child's medical treatment plan.

(3) The need for a supportive environment due to developmental, neurological, or behavioral deficiencies.

12. Prescribed Medication Administration Procedures:

a. All of the information in AR 608-10, 4-32 applies. The administration of medication incurs a significant potential for liability and is resource intensive. Medication administration will be confined to situations where no other reasonable alternative exists (e.g., meds given four or more times a day, or with specific hourly increments such as every six hours).

b. Medication will be administered only within full day CYS programs enrolling regularly scheduled children. Any exception to this policy will be reviewed by the APHN/CHN prior to administering the medication; and, an Exception to Policy memorandum will be provided to CYS.

c. Only medications that conform to the approved medication category list (Appendix 4) may be given. Any other prescribed medication must have an Exception to Policy memorandum from the health consultant prior to being administered by CYS employees/FCC providers. Documentation should be placed in the child's file. If CYS provider training is indicated, the CYS APHN/CHN will document same in the caregivers' record.

d. In order for the parent(s) or health care provider to deliver the initial doses of the medication, the child must not be in CYS care for 24 hours after the first dose of the medication. This does not apply to prescription renewals.

e. All CYS staff and providers who administer medications must attend a medication administration class annually, provided by APHN/CHN (Medication Training – Appendix 5). The CYS Coordinator will ensure that only trained personnel will be allowed to dispense medications.

f. All medication and medication administration must comply with the following:

(1) Medication must be prescribed by a physician or other licensed health care provider.

(2) CDC staff or provider will ensure that a DA Form 5225-R is typed or completed in ink and is signed by sponsor CYS recorded on the DA Form 5225R, and signed by the parents or designee. A start and stop date must also be recorded on the DA 5225R. In the case of an approved "prn" medication, i.e. Albuterol or EpiPen, the DA Form 5225R must be renewed monthly and signed by the parent(s) or designee.

(3) The medication must be in the original container with a child-proof cap and labeled legibly with date, prescriber's name, child's name, name of medication, dosage strength; route of administration, specific dosing schedule (i.e. "3 times per day, every 4 hours," etc), and number of days medication should be given. If directions on medication are not clear, the parent must return to the physician or pharmacy for clear instructions as outlined in this SOP and AR 608-10.

(4) When directions to give the medication is once a day, the parents should administer the dose at home unless the medication time on the label is indicated for a time when the child is in full day care.

(5) All medications in the CDC or FCC setting will be stored out of reach of children in one centrally located, monitored, locked cabinet or box. Medication requiring refrigeration will be isolated in a locked box within the refrigerator. All medication boxes will be labeled as such.

(6) Steps of medication administration should be followed:

(a) Ensure that you have the correct child.

(b) To avoid confusion and distraction, child should be removed from the classroom or day care area before administering the medication.

(c) Check the medication label to assure correct dosage, route, child, time, and medication before administering.

MCXA-PVM-CHN

SUBJECT: SOP for CYS Health Care Management

(d) Only appropriate measurement tools may be used (i.e. metered medicine cups and syringes).

(e) Do not force a child to take the medication. If they refuse, spit it out, etc., do not re-administer. Note action on DA 5225R and notify parents.

(f) Parents or their emergency designee must be notified of any apparent side effect that may be related to the administration of the medication (rash, loose stools, etc.). If breathing difficulties occur that may suggest an anaphylactic reaction call 911, and then call the parent. Document this contact on the DA 5225R.

(7) Medication will be returned to the parents or designee when no longer needed or when the medication administration as prescribed is completed. Documentation of return of the medicine should be written on DA Form 5225R. After two attempts to return the medication, the CYS staff should inform the APHN/CHN who will properly dispose of the medication. The APHN/CHN will document the disposal of the medication on the DA Form 5225R.

13. Procedures for Administering Basic Care Items.

a. Basic care items are considered over the counter medications. A list of approved basic care items is included on the approved medications list in Appendix 4.

b. The following over-the-counter medications are authorized for use in the CYS programs without a physician or health care provider's prescription:

- (1) Diaper rash ointments and lotions
- (2) Teething ointments
- (3) Sunscreen Lotion – SPF 15 or higher
- (4) Lip balm
- (5) Non-medicated moisturizing lotions

c. All other over-the-counter medications will need an Exception to Basic Care Items memorandum from the APHN/CHN prior to administration.

d. A DA Form 5225-R must be completed for each item and signed by the parent. If the item is for continuous use, the DA Form 5225-R must be renewed annually.

e. CYS staff will document the dates and times the basic care item is administered on the DA Form 5225-R.

MCXA-PVM-CHN

SUBJECT: SOP for CYS Health Care Management

f. For a basic care item to be used, a child must have intact, non-irritated skin. If the skin shows any signs of irritation (infected sunburn, diaper rash, or gums), CYS will cease using the basic care item until the parent provides CYS with a statement from a health care provider that gives CYS permission to continue to apply the basic care item. A prescription is not required.

g. The DA 5225-R and the basic care item will be placed in a zip-lock bag and kept in the activity room (CDC) with the child's belongings, or in the home (FCC) where it is out of reach of the children but convenient for staff/provider use. It does not have to be in a locked container.

14. Hot and Cold Weather Monitoring Procedures (CDC and FCC)

a. Children go outside on a regular daily basis. CYS staff members will make judgment calls on a regular basis to determine any changes in the amount of time to be spent outdoors in extreme hot and cold weather conditions. CYS staff members are to gain guidance from the following sources when making these judgment calls.

(1) Environmental Health Hotline for Wet Bulb Reading at (703) 805-0063/0089. A temperature in excess of 85 on the wet bulb signifies reducing outdoor time for all children; in excess of a 90 wet bulb reading, all children remain indoors. Water availability is offered in increased increments.

(2) Local radio announcements for Code Red Air Quality – Asthmatic children stay indoors; reduce outdoor time for all other children.

(3) Wind Chill Chart . When the temperature gets into the single digits with or without wind chill, all children will remain indoors. General rule is listed on the first stair step block of the wind chill chart. All children remain indoors in conditions listed in the second and third stair step block in the wind chill chart.

(4) When unusual conditions occur or individual child health questions arise contact APHN/CHN for guidance.

(b) Parents are responsible for dressing their children appropriately for the weather to include hats, mittens, gloves, boots, snow pants and winter coats. In spring and fall, light jackets, sweaters, etc are appropriate.

(c) When there is a medical condition that prevents a child from participating as stated above, a detailed doctor's note is necessary.

RONALD D. COLE
CPT, AN
Chief, Community Health Nursing

APPENDIX 1

FORT BELVOIR CHILD AND YOUTH SERVICES HEALTH REFERRAL

Child's Name: _____

Date: _____ Time: _____

Dear Parent or Guardian:

You have been asked to take your child home early today because your child **appears** to have the signs or symptoms of illness as listed below.

The criteria listed for readmission has been developed to help protect your child from becoming more ill or from spreading illness between children. Please ensure you have met all the criteria **before** you bring your child back to our program. **FOR ILLNESSES REQUIRING A 24-HR ABSENCE, THE CHILD MUST BE EXCLUDED FROM CARE THE DAY FOLLOWING HIS/HER RELEASE FROM CARE AND MUST BE FREE OF SYMPTOMS OR DISEASE FOR 24-HR PERIOD BEFORE READMISSION.**

We hope your child is better soon. Thank you for your cooperation.

ILLNESS/SYMPTOM	READMISSION CRITERIA
<p>___ Fever of 101F axillary (100.5F for 0-3 months of age)</p>	<ol style="list-style-type: none"> 1. May return to the program when fever has been absent for 24 hours. 2. A visit to the clinic is not required. 3. Physician's signature is not required for readmission.
<p>___ Diarrhea (watery stools) or vomiting (retching)</p>	<ol style="list-style-type: none"> 1. May return to the program when diarrhea/vomiting has been absent for 24 hours. Example: if child was removed from the CYS program at noon on Monday, he or she may return no earlier than Wednesday. 2. A visit to the clinic is not required for readmission. 3. Physician's signature is not required for readmission 4. Please note: If more than one child is sent home from the same module/FCC home for the same problem on the same day, the child must be home for 48 hours before he/she may return to care.
<p>___ Scabies</p>	<ol style="list-style-type: none"> 1. Documentation of a visit to the clinic is required. 2. Physician's signature on attached form is required 3. May return to the program 24 hours after completion of medical treatment as documented by the physician.
<p>___ Ringworm</p>	<ol style="list-style-type: none"> 1. Documentation of a visit to the clinic is required. 2. Physician's signature on attached form is required. 3. May return to the program 24 hours after medical treatment has begun if lesions

	<p>can be covered with clothes or bandages.</p> <p>4. If skin is not clear and lesions cannot be covered, child may not be readmitted until 72 hours after medical treatment has begun.</p>
___ Chicken Pox	<p>1. May return to the program after lesions are crusted and dry, usually in 5-7 days.</p>

ILLNESS/SYMPTOM	READMISSION CRITERIA
___ Head Lice	<p>1. May return to the program 24 hours after completion of medical treatment.</p> <p>2. Physician's signature is not required for readmission.</p>
___ Pink Eye (Conjunctivitis)	<p>1. Documentation of a visit to the clinic is required.</p> <p>2. May return to the program 24 hours after start of antibiotics if eyes are clear and no longer discharging.</p> <p>3. Physician's signature is not required for readmission.</p>
___ Pinworms	<p>1. Documentation of a visit to the clinic is required.</p> <p>2. Physician's signature at the bottom of this form is required.</p> <p>3. May return to the program 24 hours after medical treatment has begun</p>
___ Impetigo	<p>1. Documentation of a visit to the clinic is required.</p> <p>2. Physician's signature at the bottom of this form is required.</p> <p>3. May return to the program 24 hours after medical treatment has begun; lesions no longer weeping.</p>
___ Not feeling well enough to participate in the usual daily activities	<p>1. A visit to the clinic is not required.</p> <p>2. Physician's signature is not required for readmission.</p> <p>3. May return to the program when well enough to participate in activities</p>
___ Strep Throat	<p>1. Documentation of a visit to the clinic is required.</p> <p>2. May return to the program after 24 hours on antibiotic therapy and no fever for 24 hours.</p> <p>3. Physician's signature is not required for readmission.</p>

___ Other	

**REMINDER: REGARDLESS OF HAVING MET OTHER CRITERIA,
NO CHILD MAY BE ADMITTED WITH A FEVER.
CHILDREN MUST BE WELL ENOUGH TO PARTICIPATE IN DAILY ACTIVITIES**

APPENDIX 2

COMMUNICABLE DISEASE CHART

Disease	Incubation Period	Contagious Period	Early Symptoms	Contacts	Method of Spread	Patient
Chicken Pox	2-3 weeks (Usually 15 days)	1 day before to about 6 days after lesions first appear	Slight fever and eruption which progresses from red bumps through small blisters to pustules; all forms of rash may be seen at the same time.	Look for eruption during incubation period.	Contaminated hands. Respiratory--i.e. directly from person to person; through discharges of nose and throat.	Exclude from care at least 7 days or until all pustules are dry.
Conjunctivitis	24-72 hours	Until discharges and symptoms have cleared or until on antibiotics 24-48 hours	Redness of eye membranes with tearing and irritation with later swelling of lid, sensitivity to light and purulent discharge.	Observe for signs of infection.	Contact with eye discharges and articles soiled by them.	Exclude from program until discharges and site of infection are clear/on medicine at least 24 hours.
Impetigo	2-5 days	Until lesions are cleared, usually 1-2 weeks or until on antibiotics 24-48 hours.	Blister-like lesions which develop into pustules. Most common on hands and face and "honey crusted" scabs.	Emphasize personal cleanliness; stress avoidance of common use of towels, etc.	Contact with discharges from lesions or articles soiled by discharges.	Exclude from program until lesions are healed or on medication 24 hours.
Ringworm of Skin	4-10 days	As long as lesions are present or until on medication 72 hours.	Flat ring-like lesions on exposed skin areas. Edges are reddish-brown with small blisters or pustules. Lesions may be dry and scaling or moist and crusted.	Observe for presence of infection.	Skin-to-skin contact with infected persons or articles.	Exclude until skin is clear or on medication 24 hours if lesions can be covered, otherwise 72 hours.

Disease	Incubation Period	Contagious Period	Early Symptoms	Contacts	Method of Spread	Patient
Streptococcal Sore Throat or Scarlet Fever	24-72 hours	If not treated; 10-21 days, but only 24-48 hours after antibiotics started.	Sore throat, fever, headache. If scarlet fever, rash also.	Observe for signs of infection.	Direct contact with saliva or respiratory droplets.	Exclude until on antibiotics at least 24 hours and no fever for 24 hours.
Head Lice	1-2 weeks	As long as lice or eggs are alive on infested person or in his clothing.	Severe itching of scalp with nits (egg sacs) seen on hair shafts and lice seen on scalp.	Direct inspection of hair and scalp.	Direct contact with infested person or indirectly by contact with his contaminated clothing.	Exclude until treated with KWELL (or similar medication) and nits are removed from hair with fine-toothed comb.
Gastroenteritis	24-48 hours	During diarrhea and vomiting (usually only 48 hours)	Nausea, vomiting, diarrhea, abdominal pain, low-grade fever, headache, and muscle aches, or any combination thereof.	Observe for signs of infection.	Fecal, oral, or may be water and food borne.	Exclude until acute illness resolved (continuing diarrhea does not necessarily mean Continued infection).
The Common Cold	12-72 hours	12 hours prior to onset and up to 5 days after onset of symptoms.	Runny nose, sneezing, malaise, irritated throat, and nose.	Observe for signs of infection.	Direct oral contact or droplet spread; indirectly by hands or articles soiled by infected discharges or nose or mouth.	Frequent cleaning of running nose and hand washing.
Pinworms	4-6 weeks	2 weeks	Itching of perianal area	Observe for signs of infection.	Direct contact of eggs by hand from anus to mouth or indirectly through	Frequent hand washing and treatment with

					clothes, bedding, food, or other articles.	medication.
--	--	--	--	--	---	-------------

APPENDIX 3
**Fort Belvoir Child and Youth Services (CYS)
First Aid Treatment**

Note: A copy of these instructions will be available in each Family Child Care (FCC) home and posted in each activity room in the Child Development Centers (CDC).

1. EMERGENCY TREATMENT: Emergency treatment required to sustain life may be given to any child without initially obtaining parental consent. Medical emergencies requiring such treatment may include, but are not limited to the following:

- a. Convulsions.
- b. Marked difficulty in breathing.
- c. Unconsciousness.
- d. Severe laceration (either in size or amount of bleeding).
- e. Injury to an extremity with obvious deformity.
- f. Head trauma associated with vomiting or altered consciousness.
- g. Reaction to bee stings.

2. FIRST AID: Basic first aid per First Aid instruction will be administered by authorized CYS staff or FCC providers who have current First Aid and CPR certification. Following are First Aid supplies required for CYS programs:

- a. Soap.
- b. Bandages: sterile gauze, 4X4, 2X2, Band-Aids, composite dressing.
- c. Tape: paper, 1/2" rolls, 1" rolls.
- d. Gloves.
- e. Ice bag, kept in freezer.
- f. Clean cloth.
- g. Safety scissors for cutting tape.
- h. Tweezers.

3. CONTACTING PARENTS: The following are procedures to be followed when a parent must be contacted:

- a. In the CDC, the care giving staff member will inform the CDC Director or designee of the illness or injury requiring parental notification.

MCXA-PVM-CHN

Subject: Appendix 3: Fort Belvoir CYS First Aid

b. Using the criteria below for “General Symptoms,” the CDC Director/designee or FCC provider will determine if the parent must remove the child from the CDC or FCC home.

c. The Director/designee or FCC provider will telephonically contact the parent relaying the required information, such as the child must be removed from the center or home due to illness or injury, or that the child is being transported to DeWitt Army Community Hospital.

d. If the Director/designee or provider is unable to contact either parent, she will contact the emergency designee listed on the DA Form 4719-R for that child.

e. In the case where the child must be removed, the director/designee or provider will inform the parent that the child must be removed from the CDC or FCC home within one hour of notification. The parent will also be told that the child must remain out of care until the temperature has remained normal for 24 hours. This procedure is to help reduce the possibility of infecting others. While waiting for the parents to remove the child, the child will be cared for in the isolation room near the front desk of the CDC or, in FCC homes, kept separately from other children as much as possible.

4. CONTACTING HOSPITAL: The following are procedures to be followed when a child must be transported to DeWitt Army Community Hospital:

a. In the CDC, the care giving staff member will notify the CDC Director/designee of the illness or injury requiring transport to the hospital.

b. Using the “General Symptoms” guidance provided below the Director/designee or FCC provider will determine if the condition warrants transportation by ambulance to DeWitt Army Community Hospital. If the situation does warrant such action the Director/designee or provider will telephonically contact **DeWitt Army Community Hospital Emergency Room/Ambulance Service, Call 911.**

c. The Director/designee or provider will ensure the DA Form 4719-R for the child accompanies the child to the hospital.

d. At the CDC, if the parent or designee has not arrived when the child is being transported, a CDC staff member will accompany the child to the hospital. If the FCC provider does not have other children in care, she may accompany the child to the hospital.

5. ACCIDENTS AND ILLNESS: The following procedures are for accidents and illness: (CYS staff is trained in childhood diseases and medical dispensation. They will often use their professional judgment in accepting children for care and sending children home due to illness.)

a. General Symptoms. CDC staff or FCC providers will take the temperature of any child complaining of or displaying any of the following symptoms:

(1) Runny nose, sneezing, or coughing.

(2) Red, watery, or puffy appearance of eyes.

(3) Chilling or profuse sweating.

Appendix 3 - 2

MCXA-PVM-CHN

Subject: Appendix 3: Fort Belvoir CYS First Aid

(4) Flushed face.

(5) Sore throat or swollen glands.

(6) Nausea, vomiting, or diarrhea.

(7) Rash.

(8) Any complaints of generally not feeling well.

(9) Complaints of not feeling well or of having a fever the previous night.

(10) Irritability and/or listlessness

b. Temperatures of children are taken axillary.

c. Parents/emergency designee must remove children from the CDC or FCC home when their temperature is found to be:

(1) Greater than 100.5 F axillary for children under three months of age.

(2) Greater than 101.0 F axillary for children over three months of age.

(3) Children must be isolated until parents remove them from the CDC or FCC home.

d. Abdominal pain:

(1) Follow procedures for taking temperature as stated above.

(2) Contact parent.

(3) If pain is severe, arrange to transport the child via ambulance to DeWitt Army Community Hospital.

(4) Do **not** give the child any food or liquids.

(5) Do **not** place hot or cold packs on abdominal area.

e. Abrasions and cuts:

(1) Clean with soap and water.

(2) Apply sterile dressing or adhesive bandage if necessary.

f. Deep or extensive wound:

Appendix 3 - 3

MCXA-PVM-CHN

Subject: Appendix 3: Fort Belvoir CYS First Aid

(1) Control bleeding - apply dry sterile dressing at injury site, apply pressure by pressing firmly on the dressing until obtaining professional medical care.

(2) Do **not** move child unnecessarily.

(3) Contact parents.

(4) If wound is life threatening, arrange to transport the child via ambulance to DeWitt Army Community Hospital.

g. Puncture wounds:

(1) Wash with soap and water. Apply sterile dressing.

(2) Contact parents. Inform parents that all puncture wounds should be evaluated by a physician within 24 hours.

h. Burns:

(1) Immerse area gently with cold water.

(2) Do **not** open or peel blisters.

(3) Apply cold compress.

(4) Do **not** apply any dressing or ointment to the area.

(5) Contact parent.

(6) Arrange to transport the child via ambulance to DeWitt Army Community Hospital.

i. Seizure activity:

(1) Protect child from injury and place child on the floor.

(2) Maintain airway.

(3) Do **not** force anything into the mouth

(4) Contact parent. Arrange to transport the child via ambulance to DeWitt Army Community Hospital.

j. Head injuries:

(1) Have the child lie down and rest.

(2) Contact parent.

Appendix 3 - 4

MCXA-PVM-CHN

Subject: Appendix 3: Fort Belvoir CYS First Aid

(3) If there is a loss of consciousness at the time of the injury or if any of the following symptoms appear, arrange to transport the child via ambulance to DeWitt Army Community Hospital.

- (a) Sleepiness.
- (b) Weakness in limbs.
- (c) Nausea and/or vomiting.
- (d) Headache.
- (e) Dizziness.
- (f) Change in vision.
- (g) Unequal eye pupils.
- (h) Unusual behavior.

k Minor bumps to the head with none of the above symptoms:

- (1) Have the child lie down and rest
- (2) Contact parents.

(3) If any of above symptoms occurs, follow the procedures listed under "j" above, "Head Injuries."

l. Fainting:

- (1) Lay child flat.
- (2) Loosen clothing around the neck.
- (3) Observe carefully for signs of seizure activity, etc.
- (4) Contact parents.
- (5) Arrange to transport the child via ambulance to DeWitt Army Community Hospital

m. Possible fractures:

- (1) Keep the child immobile, do **not** move unless advised by medical personnel
- (2) Contact parents.

(3) Arrange to transport the child via ambulance to DeWitt Army Community Hospital.

Appendix 3 - 5

MCXA-PVM-CHN

Subject: Appendix 3: Fort Belvoir CYS First Aid

n. Nose bleeds:

(1) With the child in an upright position, hold the nose between thumb and forefinger with firm pressure for **five full minutes**, then release. If still bleeding, repeat for five minutes.

(2) After bleeding ceases, have child sit upright and remain quiet.

(3) If bleeding does not cease or is not controlled within 10 minutes, contact parents as described in paragraph 3, above, "Contacting Parents" and tell parents to seek medical attention.

o. Splinters:

(1) Wash area with soap and water.

(2) Contact parents.

(3) Parents may wish to remove child from the program. Tell parents to seek medical attention.

p. Earaches or discharge from ear:

(1) Contact parents, as described in paragraph 3, above, "Contacting Parents".

(2) If there is discharge or pain is acute, parents must remove the child. Refer the parents to seek medical attention.

(3) Do **not** put anything in the ear.

q. Foreign body in the ear or nose:

(1) Do **not** attempt to remove the object.

(2) Contact parents.

(3) Child should be removed from center and parents seek medical attention.

r. Foreign body in the eye:

(1) Instruct child not to rub the eye.

(2) Have the child close the eye gently so that tears may wash foreign body out.

(3) Contact parents.

(4) Arrange to transport the child via ambulance to DeWitt Army Community Hospital.

Appendix 3 - 6

MCXA-PVM-CHN

Subject: Appendix 3: Fort Belvoir CYS First Aid

s. Chemical splashing in the face:

- (1) Flush face with an abundance of plain clean water for twenty (20) minutes..
- (2) Contact parents.
- (3) Arrange to transport the child via ambulance to DeWitt Army Community Hospital.

t. Inflamed eye with discharge:

- (1) Exclude child from group.
- (2) Contact parent.

u. Animal bites:

- (1) Wash wound with soap and water and apply sterile dressing.
- (2) Contact parents. Tell parents to seek medical attention.
- (3) Contact the Military Police.
- (4) For wild animals, keep the animal in view if possible, until MPs arrive.
- (5) Do **not** attempt to capture the animal.
- (6) For family pets, instruct the animal owner to remain to provide information for the MPs and medical personnel.

v. Human bites:

- (1) Wash wound with soap and water, and apply sterile dressing.
- (2) Contact parents.
- (3) If the child's skin was broken from the bite, the parents must remove the child from the program and seek medical attention.

w. Insect bites:

- (1) Immediately place ice on the affected area.

(2) Contact parents.

(3) If the child develops symptoms of an allergic reaction, (i.e., difficulty in breathing, fainting, or rash, or if the child has a previous history of insect bite allergies) arrange to transport via ambulance to DeWitt Army Community Hospital.

Appendix 3-7

x. Toothache:

(1) Contact parents.

(2) Tell parents to seek dental attention.

y. Diarrhea:

(1) When child has two or more watery loose stools in conjunction with fever or vomiting, child must be removed from the program and parents must follow readmission procedures.

(2) When child has watery stools and is obviously ill and unable to function IAW CYS standards child must be removed and parents must follow readmission procedures.

MCXA-PVM-CHN

Subject: Approved Medication Categories

APPENDIX 4

Fort Belvoir Child and Youth Services (CYS)

Approved Medication Categories

APPROVED MEDICATIONS THAT CAN BE ADMINISTERED BY CYS PERSONNEL AS PRESCRIBED BY A PHYSICIAN:

1. ANTIBIOTICS : As long as they meet the broad category of an antibiotic (oral and topical), CYS personnel can administer the medication as prescribed. Medicines in this category must be given for the prescribed length of time to be effective.

ACTION: Bactericidal agents used to control infections by killing or inhibiting its growth.

MOST COMMON SIDE EFFECTS: Nausea, vomiting, diarrhea, decrease level of red blood (anemia) cells; hypersensitivity in the form of rash, hives, itching, anaphylaxis; overgrowth of non-susceptible organisms; abnormal reactivity of the skin to sunlight (photosensitivity); and loss of appetite

2. ANTIHISTAMINES

ACTION: Decreases allergic responses in the blood vessels, GI tract and respiratory system.

MOST COMMON SIDE EFFECTS: Drowsiness, anxiety, stimulation of central nervous system, dizziness, and urinary retention.

3. DECONGESTANTS

ACTION: Stimulate the body's natural responses that occur as part of the involuntary nervous system, promote nasal drainage and relieve nasal stuffiness.

SIDE EFFECTS: Restlessness, tremors, dizziness, rapid or pounding heartbeat, trouble sleeping, shaking of the hands, tremors, and unusual weakness.

Medications other than oral antibiotics, antihistamines, and decongestants will be reviewed on an individual basis by the Special Needs Resource Team

Medications will only be administered by trained individuals after review by the health consultant and the Special Needs Resource Team (SNRT) or an exception to policy obtained through CHN prior to dispensing by CYS personnel.

Reference 608-10 Change 1 dated 15 Aug 97 section 4-32c, page 38. "Other physician prescribed medications may be administered after specific consultation with the health consultant and the provision of special training to CYS personnel, e.g. side effects, dosage techniques."

APPENDIX 4-1

MCXA-PVM-CHN

Subject: Medication Training

Antibiotics- medications that destroy or stop the growth of infective agents:

<u>Trade Name</u>	<u>Generic Name</u>
Amoxil	Amoxicillin
Augmentin	Amoxicillin/Clavulanate
Bactrim/Septra	Trimethoprim/sulfamethoxazole
Dynapen	Dicloxacillin
EES,Eryped	Erythromycin Ethylsuccinate
Furadantin/Macrodantin	Nitrofurantoin
Gantrisin	Sulfisoxazole
Lorabid	Loracarbef
Pediazole	Erythromycin/sulfisoxazole
Penicillin	Penicillin
Suprax	Cefixime
Keflex	Cephalexin
Zithromax	Azithromycin

Antihistamines – medications used to relieve the symptoms of allergies

Atarax Syrup	Hydroxyzine
Benadryl	Diphenhydramine
Chlor-trimeton (CTM)	Chlorpheniramine
Dimetapp	Brompheniramine Maleate/Phenylpropanamine
Claritin	Loratadine
Rondec	Carbinoxamine/Pseudoephedrine
Zyrtec	Cetirizine

Decongestants – medications used to reduce congestion and swelling in the nasal (nose) area and sinuses

Actifed	Tripolidine/Pseudoephedrine
Entex	Phenylephrine/Phenylpropanolamine Guaifenesin
Naldecon	Phenyltoloxamine/Chlorpheniramine
Robitussin	Guaifenesin
Sudafed	Pseudoephedrine

APPENDIX 4-2

MCXA-PVM-CHN

Subject: Medication Training

Topical Ointments

Trade Name

Diflucan
Grifulvine-V
Hydrocortisone 1% cream
Kenalog
Mycolog II
Mycostatin
Tridesilon
Westcort 0.2% cream

Generic Name

Flucanazole
Griseofulvin
Hydrocortisone 1% cream
Trimcinolone cream
Triamcinolone/Nystatin
Nystatin
Desonide cream/ointment
Hydrocortisone-valerate cream

Basic Care Items: these are products used by parents but are not prescribed by a health care provider.

List of Items

Lip Balm

Diaper Creams/Ointments

Teething topical agents

Sunscreen lotions

Commonly Used Brands

ChapStick (various Sun Protection Factors)

A&D Ointment, Desitin, Penaten cream,
Vaseline, and Zinc Oxide

Baby Anbesol teething gel, Finafta teething gel, Gumeze, Hyland's teething gel, Little Teether oral pain gel, and Orajel.

All Day Sports and Coppertone/Coppertone for babies.

APPENDIX 5

Fort Belvoir Child and Youth Services (CYS)

Medication Training

CYS PROGRAM CHECKLIST FOR MEDICATION ADMINISTRATION

As per AR 608-10, Section V, Chapter 4-32

The following information should be provided in a yearly medication certification training and will be used as the check list to determine proper medication administration:

1. The staff in the child's activity room will keep a notice posted of which child is to receive medication and at what time. Medications may be given no more than 30 minutes before or after the scheduled time. If necessary, parents may give telephonic permission to administer medication after scheduled time. Permission will be documented and attached to DA Form 5225-R.
2. At the indicated time, activity room staff will contact front desk to inform them it is time for medication for a child.
3. A staff member authorized to dispense medication retrieves the appropriate Medical Dispensation Record (DA Form 5225-R) and the child's "zip lock" bag of medication from the designated locked-storage area/refrigerator.
4. Person dispensing medication identifies the child by calling his/her name. (For children old enough to recognize their name.)
5. One (1) other person identifies the child.
6. Prior to dispensing medication, dispenser washes hands.
7. Dispenser verifies the name of the medicine in the "zip lock" bag with the name of the medicine as it is annotated on the DA Form 5225-R.
8. Dispenser identifies the name of the child once more with the DA Form 5225-R and the name on the medication container.
9. Dispenser verifies the time to administer the medication with the medication container and the DA Form 5225-R.
10. Using the measuring device, dispenser measures the correct amount stated on the medicine bottle and the DA Form 5225-R.

Appendix 5 - 1

MCXA-PVM-CHN

Subject: Medication Training

11. The dispensers again verifies:
 - a. The right child
 - b. The right medicine
 - c. The right amount
 - d. The right time
 - e. The right route
12. Administer the medication.
13. Offer plenty of drinking water following medication.
14. If the child spits out the medicine, **do not give more**. Call the parent and make a note on the DA Form 5225-R.
15. Using a pen, record the time and your initials on the DA Form 5225-R.
16. Clean the medicine container and the measuring device with water and completely dry. Secure the medication in the "zip lock" bag.
17. Return the medication to the designated locked-storage area/refrigerator.
18. Return the child to his/her group.
19. Wash hands after dispensing medicine.
20. If medication is not given (child is not present, missed dosage, parent administered, medication is available) an annotation must be made on the DA 5225-R in the appropriate square.

