The Golden Rules for Healthy Programs – Understanding Medication, Illness, and Handwashing

Slide #1 Welcome

Welcome to this course titled, ***"The Golden Rules for Healthy Programs – Understanding Medication, Illness, and Handwashing".***

This course is developed as part of the Washington State Department of Children, Youth, and Families (DCYF) alignment process, to prepare providers and licensors in their understanding of the "why", the "what" and the "how" of complying with the updated Foundational Quality Standards for Early Learning Programs (referred to in each course as the Foundational Quality Standards).

Slide #2 Helpful Hints

WA DCYF is pleased to present this e-Learning course! To help provide a positive learning experience for you, please take a moment to review the following "Helpful Hints" summary, detailing what you can expect from this course. A complete listing of Helpful Hints has been added to the Resources section of your learner's screen for reference.

- If you would like to access and review the full course text, please visit the Resources section of your learner's screen. You can view, print, or download a full version of the course text that is narrated within each module. The full text will be included in each course and listed as the first resource in the Resources section of your course frame.
- The time to complete the course will depend on the course topic and the pace at which you advance through the slides.
- To help you get the most out of the course, settings are in place to prevent users from skipping ahead through the slides. You can advance through the course when the narration for each slide concludes by selecting the "Next" button, or, go back to review material already presented by selecting the "Previous" button.
- Web links and additional resources will be utilized in some of the courses to enhance your learning experience. We hope you will take time to explore them to further develop your knowledge about the topics being presented.

Slide #3 Introduction

This course is designed to introduce you to the updated Washington Administrative Code or WAC, as well as outline strategies and examples of WAC compliance. Updated WACs will be detailed in each course as a reference and a full listing of the WAC is included in the Resources section of your learner's screen. You can print or download this resource at any time, either as a reference while you complete this course, or as a resource after the course is completed.

Slide #4 Learning Outcomes

This course will help early learning professionals understand how to meet, assess for, and demonstrate ongoing compliance with the Foundational Quality Standards.

Upon completion of this course, participants will:

- Understand how and when early learning providers and children must wash their hands to eliminate the spread of germs
- Identify circumstances that require a child or early learning professional to be isolated from the early learning program
- Know required practices for administering prescription and non-prescription medications

Slide #5 Guiding Principles

As we cover the material in this course, please keep in mind the following Guiding Principles. We will revisit these at the end of the course to "check in" with you and give you an opportunity to assess your understanding and application of the course content.

Guiding Principles:

- Early learning professionals play a key role in protecting a child's health.
- Frequent handwashing is the most effective way to reduce the spread of germs.
- While medication is crucial in treating illness and keeping children healthy, it can pose a serious risk if used improperly.

Slide #6 Terms and Definitions

Take a moment to review and familiarize yourself with the following terms and definitions. For your reference, a listing of these terms has been added to the Resources section of your learner's screen. You can access the list at any time by visiting the Resources section of your learner's screen. You can download the file to keep as a future reference or print as a desk guide.

Active supervision or **actively supervise** means a heightened standard of care beyond supervision. This standard requires an early learning provider to see and hear the children they are responsible for during higher risk activities. The provider must be able to prevent or instantly respond to unsafe or harmful events.

ADA refers to the Americans with Disabilities Act, as now and hereafter amended.

Contagious disease means an illness caused by an infectious agent of public health concern which can be transmitted from one person, animal, or object to another person

by direct or indirect means including transmission through an intermediate host or vector, food, water, or air. Contagious diseases pertinent to this chapter are described in WAC 246-110-010.

Early learning professionals are all early learning providers, child care licensing staff, and other professionals in the early learning field.

Health care provider means a person who is licensed, certified, registered, or otherwise authorized by the law of Washington state to provide health care in the ordinary course of business or practice of a profession.

Household member means one or more individuals who live in the same dwelling or share living arrangements and may consist of family relatives or other groups of people.

Inaccessible to children means a method to prevent a child from reaching, entering, using, or getting to items, areas, or materials of an early learning program.

Parent or **guardian** means birth parent, custodial parent, foster parent, legal guardian or those authorized by the parent or entity legally responsible for the welfare of the child.

RCW means Revised Code of Washington.

Sanitize means to reduce the number of microorganisms on a surface by the process of:
(a) Cleaning and rinsing with water at a high temperature pursuant to this chapter; or
(b) Cleaning and rinsing, followed by using: (i) A chlorine bleach and water solution following the manufacturer's instructions; or (ii) Other sanitizer product if it is registered with the EPA and used strictly according to manufacturer's label instructions including, but not limited to, quantity used, time the product must be left in place, adequate time to allow the product to dry, and appropriateness for use on the surface to be sanitized. If used on food contact surfaces or toys, a sanitizer product must be labeled as "safe for food contact surfaces."

WAC means Washington Administrative Code.

Slide #7 Course Introduction

Early learning programs provide valuable opportunities for children from diverse backgrounds and experiences to learn together through play and hands-on activities. While quality early learning experiences are shown to positively impact their outcomes, children in group care settings are also at risk of catching infectious diseases at a higher

frequency and severity than their peers who don't attend early learning programs[1]. One study found the risk of contracting gastroenteritis was 3.5 times more likely for children in early learning programs than those who stay at home[2].

Luckily, early learning professionals can take action to minimize this risk! Research shows there are simple strategies that can, when consistently practiced, significantly reduce the spread of infectious disease and illness.

This module will focus on how to prevent the spread of infectious diseases through one of the most effective hygiene methods – handwashing – and how to treat or manage illness or disease when it appears in early learning programs.

Slide #8 Course Introduction

The intent behind all requirements found in the Foundational Quality Standards is to protect the health and safety of children in care. The sections addressed in this module are designed to support the creation of safe and healthy environments for children and early learning professionals. These sections are located in the "Environment" section of the Foundational Quality Standards, in the subsection "Health Practice".

These sections are:

- WAC 110-300-0200 Handwashing and hand sanitizer
- WAC 110-300-0205 Child, staff, and household member illness
- WAC 110-300-0215 Medication

Slide #9 WAC 110-300-0200

Washing hands is one of the most effective ways to reduce the spread of germs and disease. This is especially true in early learning programs; one study found child care centers that implemented strong handwashing practices saw a 50 percent decrease in the incidence of diarrheal illness. Other studies report a reduction in upper respiratory diseases[3]. However, the effectiveness of hand washing is dependent on the handwashing procedures employed. Subsection (1) in WAC 110-300-0200 outlines the proper handwashing procedure:

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[1] Nesti, M. & Goldbaum, M. (August 2007). *Infectious diseases and daycare and preschool education*. Retrieved from http://www.scielo.br/scielo.php?pid=S0021-75572007000500004&script=sci_arttext&tlng=en

[2] California Childcare Health Program. (2006). *Preventing and Managing Illness in ECE Programs*. Retrieved from https://cchp.ucsf.edu/sites/g/files/tkssra181/f/9_CCHA_IllnessPrev_0506.pdf

[3] American Academy of Pediatrics; American Public Health Association. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. Retrieved from http://nrckids.org

WAC 110-300-0200 Handwashing and hand sanitizer.

(1) Early learning providers must comply with the following handwashing procedures or those defined by the United States Center for Disease Control and Prevention, and children should strongly be encouraged to:

(a) Wet hands with warm water;
(b) Apply soap to the hands;

WAC 110-300-0200 Handwashing and hand sanitizer.

(c) Rub hands together to wash for at least twenty seconds;
(d) Thoroughly rinse hands with water;
(e) Dry hands with a paper towel, single-use cloth towel, or air hand dryer;
(f) Turn water faucet off using a paper towel or single-use cloth towel unless it turns off automatically; and
(g) Properly discard paper single-use cloth towels after each use.

This subsection aligns with Caring for Our Children Standard 3.2.2.2.

Each of the required steps in the handwashing procedure serves an important purpose.

Wetting hands helps to remove visible soil and allows the soap to lather.

Lathering soap on the surface of skin creates friction which lifts dirt, germs, and microbes from the skin.

While one study found the average handwashing duration was approximately 6 seconds[4], research shows that washing at least 20 seconds removes more germs than washing for shorter periods[5].

Interestingly, according to the Centers for Disease Control and Prevention, the temperature of water does "not appear to affect microbe removal[6]. Instead, the requirement for warm water has more to do with comfort. A person is more likely to

[4] Sconce Massaquoi, M. (December 2017). *You are probably washing your hands wrong.* Retrieved from https://www.scientificamerican.com/article/you-are-probably-washing-your-hands-wrong/
[5] Centers for Disease Control and Prevention. (October 2018). *Show Me the Science- How to Wash Your Hands.* Retrieved from https://www.cdc.gov/handwashing/show-me-the-science-handwashing.html
[6] Centers for Disease Control and Prevention. (October 2018). *Show Me the Science- How to Wash Your Hands.* Retrieved from https://www.cdc.gov/handwashing/show-me-the-science-handwashing.html

wash their hands for the recommended amount of time if the water is warm, rather than too hot or too cold.

Warm water also promotes adequate rinsing. Rinsing the lather off into a sink removes the soil, germs, and lather from the hands.

Slide #10 WAC 110-300-0200

The step of drying the hands also has a purpose; it reduces the likelihood germs can be transferred from hands. Though one study finds single-use paper towels are the most effective and hygienic way to dry hands after handwashing[7], single use cloths or air hand dryers are permitted. The following requirements must be followed when using cloth towels or air hand dryers in early learning programs:

WAC 110-300-0200 Handwashing and hand sanitizer.

(2) An early learning provider must wash and sanitize cloth towels after a single use. Soiled and used towels must be inaccessible to children.

(3) To prevent children from being burned, air hand dryers must have a heat guard (barrier that prevents user from touching heating element) and turn off automatically.

Washing and sanitizing cloth towels after each use reduces the opportunity for germs to spread. Any germs a person may have missed during the wash process end up on the towel. Washing and sanitizing the towel before use by another person prevents the germs from ending up on the next person's hands.

When utilizing air dryers, consider how this early learning program complies with subsection (3): when installing a new automatic hand dryer, the early learning program decided to purchase a model which has an option to blow unheated air. The model still has a heat guard in place, however, to ensure safety when the heat function is used.

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The purpose of handwashing is to minimize the transfer of germs. Implementing consistent handwashing routines is important because people may carry infectious germs unknowingly or may be contagious before they experience symptoms. Subsection (4) outlines key moments in the day where handwashing routines must be practiced:

[7] Huang, C., Wenjun, M., & Stack, S. (August 2012). *The Hygienic efficacy of different hand-drying methods: A review of the evidence*. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538484/

WAC 110-300-0200 Handwashing and hand sanitizer.

(4) Early learning providers must wash their hands following the handwashing procedures listed above:

(a) When arriving at work;
(b) After toileting a child;
(c) Before and after diapering a child (use a wet wipe in place of handwashing during the middle of diapering if needed);
(d) After personal toileting;
(e) After attending to an ill child;

In many of the situations listed, especially those pertaining to toileting, diapering, or attending to an ill child, the exposure to bacteria and other germs is clear.

Consider though, the value of an early learning provider washing their hands upon arriving at work. Prior to arriving at work, the early learning provider may have:

- pet their dog as they left the house,
- touched the door and steering wheel of their car which they share with a spouse and teenage child,
- shaken the hand of an acquaintance,
- touched the tabletop at a coffee shop, and
- used the door handles at the coffee shop as well as the early learning program.

By the time the early learning provider arrives at work, they could have touched dozens of potentially contaminated surfaces. Washing their hands will remove these germs and prevent them from spreading to individuals in the program.

Slide #12 WAC 110-300-0200

Subsection (4) continues:

WAC 110-300-0200 Handwashing and hand sanitizer.

(f) Before and after preparing, serving, or eating food;
(g) Before preparing bottles;
(h) After handling raw or undercooked meat, poultry, or fish;
(i) Before and after giving medication or applying topical ointment;
(j) After handling or feeding animals, handling an animal's toys or equipment, or cleaning up after animals;
(k) After handling bodily fluids;

Washing hands in situations related to food preparation and handling is also reviewed in the e-learning course titled Food Service from A to Z. Washing hands before and after preparing food or bottles, serving food, or eating food is crucial to limit the spreading of bacteria and other germs, as well as limiting cross contamination.

Washing hands before administering medication protects against germs being spread through indirect contact. An example is where germs from the early learning provider's hands contaminate the medication which is ingested by the child. Indirect contact could also come from germs on the surface of dosing equipment or medical devices, which children touch before potentially touching their eyes, nose, or mouth.

Washing hands after administering medication helps prevent other children from being exposed to residue from medication administered to another child.

Early learning providers wiping runny noses or handling other bodily fluids happens frequently in the early learning program, and is another important time for handwashing to prevent the spread of pathogens.

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Subsection (4) concludes:

WAC 110-300-0200 Handwashing and hand sanitizer.

(l) After using tobacco or vapor products;
(m) After being outdoors;
(n) After gardening activities;
(o) After handling garbage and garbage receptacles; and
(p) As needed or required by the circumstances.

Let's examine the value of washing one's hands after tobacco or vapor product use. As covered in the e-learning course Prohibited Substances in Early Learning Programs, third-hand smoke is the residue of nicotine and more than 250 other chemicals from smoke that can cover or absorb into a surface, including skin. By thoroughly washing one's hands after tobacco or vapor product use, an early learning provider can remove contaminants from their hands and protect children from third-hand smoke exposure. Handwashing after tobacco or vapor product use will also remove any germs that may have been acquired on the hands from the hand-to-mouth activity associated with these products.

Each of the situations where WAC requires handwashing is supported by the recommendations made in Standard 3.2.2.1 of Caring for Our Children.

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Handwashing is an especially important hygiene practice for children, who explore their surroundings using their senses. Children touch toys, learning materials, and surfaces including the floor or ground. Children may have their hands in their mouth, nose, or eyes throughout the day. This not only allows them to transfer their germs to the surfaces or materials, but introduces new germs picked up from their hands during play. Subsection (5) is developed to minimize the spread of germs as children go through their typical activities in an early learning setting.

WAC 110-300-0200 Handwashing and hand sanitizer.

(5) Early learning providers must direct, assist, teach, and coach, children to wash their hands, using the steps listed above:

(a) When arriving at the early learning premises;
(b) After using the toilet;
(c) After diapering;
(d) After outdoor play;

WAC 110-300-0200 Handwashing and hand sanitizer.

(e) After gardening activities;
(f) After playing with animals;
(g) After touching body fluids such as blood or after nose blowing or sneezing;
(h) Before and after eating or participating in food activities including table setting; and
(i) As needed or required by the circumstances.

An early learning provider will help children establish effective routines and habits by regularly assisting, coaching, and teaching them about handwashing practices.

The following short video is one resource available regarding handwashing, cdc.gov.

Review the Extend your Learning PDF in the Resources section of your learner's screen for additional resources on how to teach young children about proper handwashing practices, including links to videos, printable posters and activity sheets.

Slide #15 WAC 110-300-0200

Alcohol based hand sanitizer can be an effective method of reducing the number of germs on one's hands and is recognized in Caring for Our Children Standard 3.2.2.5 as an acceptable alternative handwashing method under certain conditions.

WAC 110-300-0200 Handwashing and hand sanitizer.

(6) Hand sanitizers or hand wipes with alcohol may be used for adults and children over twenty-four months of age under the following conditions:

(a) When proper handwashing facilities are not available; and

(b) Hands are not visibly soiled or dirty.

Hand sanitizers can be effective at reducing the number of certain types of germs on the hands, but they must be used properly. Hand sanitizers are less effective on hands that are visibly dirty or greasy and do not remove any dirt or chemicals that may be present on the hands.

According to the Centers for Disease Control and Prevention, the correct amount, as found on the product label, must be used, and the product must be rubbed all over the surfaces of the hands until the hands are dry[8].

Hand sanitizers, however, do not eliminate all types of germs. Soap and water are more effective at removing or inactivating certain kinds of germs, like Cryptosporidium, norovirus, and Clostridium difficile.[9]

There are times when hand sanitizers may be a valuable handwashing alternative. Consider an early learning program who has taken a group of 3 and 4-year-old children to the pumpkin patch. While in the field, a child sneezes into their hand. The early learning provider wipes any visible soil from the child's hands with a tissue and has the child rub hand sanitizer on all the surfaces of their hands. The use of hand sanitizer is valuable in minimizing the potential spread of germs, especially since the children hold hands as they walk through the field, and the provider makes sure that the children wash properly with soap and running water at the first available opportunity.

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[8] Centers for Disease Control and Prevention. (October 2018). *Show me the science- Situations where hand sanitizers can be effective & How to use it in community settings*. Retrieved from https://www.cdc.gov/handwashing/show-me-the-science-hand-sanitizer.html

[9] Centers for Disease Control and Prevention. (October 2018). *Show me the science- Situations where hand sanitizers can be effective & How to use it in community settings*. Retrieved from https://www.cdc.gov/handwashing/show-me-the-science-hand-sanitizer.html

Slide #16 WAC 110-300-0200

WAC 110-300-0200 Handwashing and hand sanitizer.

(7) Children must be actively supervised when using hand sanitizers to avoid ingestion or contact with eyes, nose, or mouths.

(a) Hand sanitizer must not be used in place of proper handwashing.

(b) An alcohol-based hand sanitizer must contain sixty to ninety percent alcohol to be effective.

Active supervision is required when children are using hand sanitizers as the ingestion of hand sanitizer products could lead to alcohol poisoning in young children[10]. Most hand sanitizers contain over 60 percent ethyl alcohol, a stronger concentration of alcohol than in most liquors. In fact, in the first two months of 2019 alone, the American Association of Poison Control Centers reported more than 3,000 cases related to hand sanitizer exposure in children 12 years old and younger[11].

Alcohol, if ingested, may be quickly absorbed into a child's blood stream. Symptoms of alcohol poisoning include drowsiness, lethargy, or slowed heart rate or breathing.

If, at any time, you suspect a child has accidently ingested hand sanitizer, immediately call 911 and then the Poison Control Center at 1-800-222-1222. Follow up with calling to notify the Department within 24 hours.

Slide #17 Test Your Learning!

Before we continue, let's test your learning. Review the question and select the best response.

When must early learning providers wash their hands?

a. When arriving at work
b. After attending to an ill child
c. Before and after prepping, serving, or eating food
d. All of the above

[10] Gould Soloway, R. (N.D.) *Hand sanitizer: What's the real story?* Retrieved from https://www.poison.org/articles/2007-jun/hand-sanitizer-whats-the-real-story

[11] American Association of Poison Control Centers. (N.D.). *Hand sanitizer*. Retrieved from https://aapcc.org/track/hand-sanitizer

Slide #18 WAC 110-300-0205

Now we will review WAC 110-300-0205 which focuses on child, staff and household member illness.

Because early learning providers work closely with children throughout the day, they are able to observe for signs of illness or uncharacteristic changes in behavior. Caring for Our Children Standard 3.1.1.1 refers to these observations as daily health checks. These daily health checks serve not only to reduce the spread of illness in the program, but also to ensure children are receiving the necessary interventions to sustain their health.

WAC 110-300-0205 Child, staff, and household member illness.

(1) An early learning provider must observe all children for signs of illness when they arrive at the early learning program and throughout the day. Parents or guardians of a child should be notified, as soon as possible, if the child develops signs or symptoms of illness.

Observing a child for signs of illness when they arrive helps an early learning provider to determine if the child is healthy enough to join the program, and also determine if there are concerns to be discussed with the parent or guardian.

Consider this example, each day a young boy excitedly enters the early learning program. One morning, as the early learning provider greets the boy and his family, they notice the child is much more subdued than normal. His parent shares that since he woke up, he's been lethargic, and that he didn't eat breakfast. During the course of the morning, the early learning provider continues to keep an eye on the child's condition. When the child begins exhibiting a low-grade fever and clutches his stomach, the early learning provider notifies the parents. The parents take the child to the doctor and discover the child has appendicitis.

Slide #19 WAC 110-300-0205

Whether a child in care or staff member in the early learning program, there are times when a person who is ill should be removed from the early learning program space. This is done to reduce the spread of contagious disease. More broadly though, when an individual is ill, their energy is limited. So, the purpose in removing the individual is not to only reduce the spread of illness, but also to allow the individual who is ill the time, space, and resources necessary to recuperate.

WAC 110-300-0205 Child, staff, and household member illness.

(2) If an early learning provider becomes ill, a licensee, center director, assistant director, or program supervisor must determine whether that person should be required to leave the licensed early learning space.

(3) When a child becomes ill, an early learning provider (or school nurse, if applicable) must determine whether the child should be sent home or separated from others. A provider must supervise the child to reasonably prevent contact between the ill child and healthy children.

Consider the scenario when an assistant director notices the assistant teacher in the toddler room arrives for work exhibiting signs of illness. The teacher takes several trips to the restroom in just a few hours. The teacher's symptoms make it difficult to properly care for the children and she could potentially spread the illness to the children and staff. The assistant director takes over in the classroom and sends the teacher home to rest for the day. This is in the best interest of the provider who needs time to recover. It also benefits the children and staff, who are no longer exposed to the illness.

Slide #20 WAC 110-300-0205

Ill children separated from the group must remain supervised. The next subsection clarifies when an ill child must be sent home or separated from the group.

WAC 110-300-0205 Child, staff, and household member illness.

(4) An ill child must be sent home or reasonably separated from other children if:

(a) The illness or condition prevents the child from participating in normal activities;
(b) The illness or condition requires more care and attention than the early learning provider can give;
(c) The required amount of care for the ill child compromises or places at risk the health and safety of other children in care; or
(d) There is a risk that the child's illness or condition will spread to other children or individuals.

Slide #21 WAC 110-300-0205

Broadly, the American Academy of Pediatrics (or AAP) outlines certain symptoms which are indicative of infectious diseases to which young children are especially susceptible[12]. The next WAC requirement is supported by the AAP and Caring for Our Children who recommend separating children exhibiting these symptoms in order to limit the spread of these diseases.

WAC 110-300-0205 Child, staff, and household member illness.

(5) Unless covered by an individual care plan or protected by the ADA, an ill child, staff member, or other individual must be sent home or isolated from children in care if he or she has:

(a) A fever 101 degrees Fahrenheit for children over two months (or 100.4 degrees Fahrenheit for an infant younger than two months) by any method, and behavior change or other signs and symptoms of illness (including sore throat, earache, headache, rash, vomiting, diarrhea);
(b) Vomiting two or more times in the previous twenty-four hours;
(c) Diarrhea where stool frequency exceeds two stools above normal per twenty-four hours for that child or whose stool contains more than a drop of blood or mucus;

Consider this example: A parent arrives to drop their child off for afternoon care, and they tell the early learning provider the child vomited shortly after breakfast. The parent reports the child has not thrown up since that time. They report the child did not throw up at all yesterday and has exhibited no other signs of illness. Should the early learning provider allow the child into the program?

Yes, the early learning provider can allow the child into the program. The early learning provider can tell the parent they will pay close attend to the child and call if there is a reoccurrence of vomiting or if they exhibit any other symptoms.

Slide #22 WAC 110-300-0205

Subsection (5) continues:

[12] American Academy of Pediatrics. (N.D.). *Managing Infectious Diseases Participant's Manual*. Retrieved from https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-child-care/Documents/M1p.pdf

WAC 110-300-0205 Child, staff, and household member illness.

(d) A rash not associated with heat, diapering, or an allergic reaction;
(e) Open sores or wounds discharging bodily fluids that cannot be adequately covered with a waterproof dressing or mouth sores with drooling;

WAC 110-300-0205 Child, staff, and household member illness.

(f) Lice, ringworm, or scabies. Individuals with head lice, ringworm, or scabies must be excluded from the child care premises beginning from the end of the day the head lice or scabies was discovered. The provider may allow an individual with head lice or scabies to return to the premises after receiving the first treatment; or
(g) A child who appears severely ill, which may include lethargy, persistent crying, difficulty breathing, or a significant change in behavior or activity level indicative of illness.

As noted in this subsection, children and staff with conditions protected by the ADA or with an individual health plan established for the condition, need not be sent home or separated from the group. For example, a child may frequently develop a rash as a result of an autoimmune disorder. Although the child's rash is not the result of heat, diapering, or an allergic reaction as described in subsection (5)(d), the child has an established individual care plan which permits the child to remain in the program when their rash flares up.

Slide #23 WAC 110-300-0205

In alignment with the Washington State Department of Health, subsection (6) outlines the requirement of early learning programs to report on the outbreak of contagious disease.

WAC 110-300-0205 Child, staff, and household member illness.

(6) At the first opportunity, but in no case longer than twenty-four hours of learning that an enrolled child, staff member, volunteer or household member has been diagnosed by a health care professional with a contagious disease listed in WAC 246-110-010(3), as now and hereafter amended, an early learning provider must provide written notice to the department, the local health jurisdiction, and the parents or guardians of the enrolled children.

The spreading of contagious disease is a serious risk to children and adults, especially for those with compromised immune systems or who are unvaccinated. Reporting appearances of these diseases allows for local health jurisdictions to take community wide action, which may limit the spread of potential outbreaks.

Reporting to parents allows for parents to make decisions in the best interest of their child to prevent against contracting the illness.

For example, an early learning program receives a phone call from a parent who lets the early learning program know their 2-year-old has been diagnosed with chickenpox. The early learning provider creates a half-sheet written notification to be handed to parents as they drop their children off into care. In the afternoon, the early learning provider sends an email notification to the department and local health jurisdiction.

To review the list of contagious diseases referenced in this subsection, visit WAC 246-110-010.

Slide #24 WAC 110-300-0205

A fever is "a temporary increase in your body temperature, often due to an illness[13]". Fevers may be mild or severe, depending on the underlying cause. Taking a child's temperature will allow the early learning provider to assess if the child's temperature is elevated above 98.6 degrees Fahrenheit, which may be an indicator of illness.

WAC 110-300-0205 Child, staff, and household member illness.

(7) An early learning provider must not take ear or rectal temperatures to determine a child's body temperature.

(a) Providers must use developmentally appropriate methods when taking infant or toddler temperatures (for example, digital forehead scan thermometers or underarm auxiliary methods);

(b) Oral temperatures may be taken for preschool through school-age children if single-use covers are used to prevent cross contamination; and

(c) Glass thermometers containing mercury must not be used.

The intent in taking the child's temperature as described in this subsection is for an early learning provider to take the most accurate temperature in the safest and least invasive method for the child as possible.

[13] Mayo Clinic. (N.D.). *Fever.* Retrieved from https://www.mayoclinic.org/diseases-conditions/fever/symptoms-causes/syc-20352759

Subsection (c) also aligns with Caring for Our Children Standard 3.6.1.3, which notes "mercury thermometers can break and result in mercury toxicity that can lead to neurological injury"[14].

Slide #25 WAC 110-300-0205

The next subsection outlines when a person diagnosed with a contagious disease can come back into the program.

> **WAC 110-300-0205 Child, staff, and household member illness.**
>
> **(8) An early learning provider may readmit a child, staff member, volunteer or household member into the early learning program area with written permission of a health care provider or health jurisdiction stating the individual may safely return after being diagnosed with a contagious disease listed in WAC 246-110-010(3), as now and hereafter amended.**

When a child is diagnosed with one of the contagious diseases listed in WAC 246-110-010(3), the evaluation of a health care professional must be relied upon to minimize the risk of exposure to the other children and staff of the early learning program.

Consider the example of a toddler diagnosed with Pertussis (Whooping Cough). Pertussis is easily spread through close contact with oral secretions or respiratory droplets and is on the Contagious Disease list. The local health jurisdiction officer will take appropriate actions to control or eliminate the spread of the disease, and can provide written permission for the children to be readmitted once the required course of antibiotics is complete. The early learning program can accept from the parent written permission from either the health jurisdiction, or the child's physician.

Slide #26 Test Your Learning!
Before we continue, let's test your learning. Review the question and select the best response.

True or false?

An ill child must be sent home or separated from other children if they have an illness or condition which requires more care and attention than the early learning provider can give.

- ❍ True
- ❍ False

[14] American Academy of Pediatrics; American Public Health Association. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. Retrieved from http://nrckids.org

Slide #27 WAC 110-300-0215

The final section we will review in this module is WAC 110-300-0215 Medication. While medication may be administered to children in care, the requirements outlined in this section are designed to protect against unintentional medicine over or under dosing, and adverse health effects. According to the National Safety Council, one in every 150 2-year-olds visits the emergency room for unintentional overdose, which they note come from "mistakes in dosing by caregivers or children finding and ingesting medication[15]". The actions of early learning professionals can protect children against these outcomes. To begin:

WAC 110-300-0215 Medication.

(1) Managing medication. A medication management policy must include, but is not limited to, safe medication storage, reasonable accommodations for giving medication, mandatory medication documentation, and forms pursuant to WAC 110-300-0500.

Children in an early learning program may take medication for a variety of reasons. Medication may be administered for a limited period of time due to a temporary illness, or medication may be required to sustain a child's health as the result of a long-term diagnosis. In either or any case, the management of medication is a serious responsibility entrusted by families to early learning providers in keeping children healthy.

As noted in prior e-learning courses, having a written policy provides the following benefits:

- **Providing clarity and ease of communication:** Written policies that provide clear direction for accepting, storing, administering or disposing of medication can prevent errors. If early learning professionals have questions about managing medication, there is a documented resource for them to review.
- **Creating accessibility of knowledge and clear expectations for parents:** Just as clear expectations are set for early learning professionals, parents will know if, when, how, and what types of medication the early learning provider may administer to the child with the parent's written permission.
- **Onboarding and training tool:** When new early learning program staff are hired, or during ongoing training opportunities, the written medication management policy provides a structure with which to guide new staff on how or when to administer medication. This may protect against situations where early

[15] National Safety Council. (N.D.). *Misuse, abuse of medicines can seriously harmchildren*. Retrieved from https://www.nsc.org/home-safety/safety-topics/child-safety/medicine

learning program staff inadvertently or mistakenly administer medication to children when it is against the program's policy.

- **Providing documentation that the early learning program has prepared for managing medication:** If needed, the early learning program will have recorded documentation that they have a policy for how medication was to be managed.

Slide #28 WAC 110-300-0215

Most early learning professionals agree, training an employee is a key practice to creating the desired program outcomes. The same is true in training early learning program staff to administer medication correctly. Through training, the employee will gain the skills and knowledge to administer the correct dosage of the correct medication at the correct times to the correct child. Training is so crucial that Caring for Our Children plainly states, "safe medication administration in child care is extremely important and training of caregivers or teachers is essential[16]".

WAC 110-300-0215 Medication.

(2) Medication training. An early learning provider must not give medication to a child if the provider has not successfully completed:

(a) An orientation about the early learning program's medication policies and procedures;

(b) The department standardized training course in medication administration that includes a competency assessment pursuant to WAC 110-300-0106(10) or equivalent training; and

(c) If applicable, a training from a child's parents or guardian (or an appointed designee) for special medical procedures that are part of a child's individual care plan. This training must be documented and signed by the provider and the child's parent or guardian (or designee).

Training on medication management is also a federal requirement of The Child Care and Development Block Grant of 2014 (or CCDBG). The CCDBG is the primary source of federal early childhood funding, and aligns with Caring for Our Children, Standard 3.6.3.3.

Subsection (c) of this WAC discusses training staff on the special medical procedures within a child's individual care plan. Individual care plans are explored in greater depth in the e-learning course, Allergies and Individual Food Needs.

[16] American Academy of Pediatrics; American Public Health Association. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. Retrieved from http://nrckids.org

The purpose of training is to ensure early learning program staff are adequately prepared to correctly administer medication in the manner designed by the child's health care provider.

Slide #29 WAC 110-300-0215

For medications to work effectively, they must be administered to the right person, at the right time, in the right dose. This is true not only for prescription medication, but nonprescription medication as well. Medication available without a prescription is not necessarily less dangerous than prescription medications. If an individual is given the wrong type of medication, at the wrong time, or in the wrong dose, the outcomes may be life-threatening. Subsection (3) is included in the Foundational Quality Standards because of the responsibility that comes from administering medication.

WAC 110-300-0215 Medication.

(3) Medication administration. An early learning provider must not give medication to any child without written and signed consent from that child's parent or guardian, must administer medication pursuant to directions on the medication label, and using appropriate cleaned and sanitized medication measuring devices.

For example, an early learning provider lets a parent know during pick up that their preschool age child complained about having a headache in the afternoon. Since there was no medication consent form on file, the early learning provider had the child drink water and rest in a quiet room. When the early learning provider asks if the parent would like to sign a consent form and bring in acetaminophen, the parent declines. They explain their child is finishing a series of antibiotics from an ear infection and the last time the child had acetaminophen while on antibiotics, they had an allergic reaction.

Take a moment to consider: What could have happened if the early learning provider had given the child acetaminophen without the knowledge or consent of the parent? What is the value of written consent from a parent for the administration of specific medications?

Slide #30 WAC 110-300-0215

Subsection (3)(a) will be reviewed over the next several slides, covering the administration of prescription and non-prescription medication as well as other items:

WAC 110-300-0215 Medication.

(a) An early learning provider must administer medication to children in care as follows:

(i) Prescription medication. Prescription medication must only be given to the child named on the prescription. Prescription medication must be prescribed by a health care professional with prescriptive authority for a specific child. Prescription medication must be accompanied with medication authorization form that has the medical need and the possible side effects of the medication. Prescription medication must be labeled with:

WAC 110-300-0215 Medication.

(A) A child's first and last name;
(B) The date the prescription was filled;
(C) The name and contact information of the prescribing health professional;
(D) The expiration date, dosage amount, and length of time to give the medication; and
(E) Instructions for administration and storage.

Many children depend on prescription medication to sustain their health. It is important to remember these medications are prescribed by a health care professional for a specific child. The health care provider has considered the child's individual needs in determining the medication type and dosage. Sharing the medication with another child may cause poisoning or other adverse outcomes for the other child.

The authorization form accompanying the medication provides early learning professionals with additional information that may be crucial in the event of an emergency. For example, when assisting a toddler in the bathroom, an early learning provider notices a rash on the child's chest and back. The early learning provider recalls that the child started taking Amoxicillin last week. The early learning provider reviews the medicine authorization form, and confirms that a rash is a potential side effect for the medication.

Slide #31 WAC 110-300-0215

Appropriately labeled prescription medication is crucial to safe administration. Prescriptions originating from a pharmacy have printed labels which detail who the medication is for, the intended dosage, the prescribing physician, direction for how to

take the medication, the date, and other information. Medication that is clearly labeled increases the likelihood that the prescription is:

- **Administered to whom it is prescribed**: The prescription label will help verify the child is taking medication intended for them. Similarly, medications not clearly labeled with a child's name may increase the potential of mixing up medications among children.
- **Used in the intended manner**: Without clearly labeled dosing or usage instructions, an early learning professional may administer medication out of compliance with its intended use, which may lead to over or under administration of the medication.

If a parent or guardian brings in medication that is not labeled as required in this WAC, the early learning provider should not accept the medication, and explain to the parent the required labeling components.

This subsection aligns with guidance from Caring for Our Children, Standard 3.6.3.1.

Slide #32 WAC 110-300-0215

Nonprescription medications, or over the counter medications, are considered generally safe for public use without a prescription. However, they can still pose a significant risk to a child's health, especially if the child has an allergic reaction, is administered the wrong dosage, or accesses the medication without the adult supervision.

WAC 110-300-0215 Medication.

(ii) Nonprescription oral medication. Nonprescription (over-the-counter) oral medication brought to the early learning program by a parent or guardian must be in the original packaging.

(A) Nonprescription (over-the-counter) medication needs to be labeled with child's first and last name and accompanied with medication authorization form that has the expiration date, medical need, dosage amount, age, and length of time to give the medication. Early learning providers must follow the instructions on the label or the parent must provide a medical professional's note; and

(B) Nonprescription medication must only be given to the child named on the label provided by the parent or guardian.

Again, this subsection follows guidance provided from Caring for Our Children, Standard 3.6.3.1, which notes nonprescription medication should not be administered in an early learning program without written orders or consent from a parent.

Similar to the requirements for administering prescription medication reviewed on the previous slide, the requirement to clearly label nonprescription medication with the child's name and dosage information, is intended to guard against accidental misuse.

For example, an early learning provider must administer medication to two children after lunch. Each of the children are receiving oral liquid medication, and both children have names which begin with the letter A. Prior to giving the medicine, the early learning provider carefully examines the label on the medications, along with each medication authorization form, to ensure the correct medication in the correct dosage is being given to the correct child.

Slide #33 WAC 110-300-0215

Subsection (iii) is about regulations for specific nonprescription medications.

WAC 110-300-0215 Medication.

(iii) Other nonprescription medication: An early learning provider must receive written authorization from a child's parent or guardian and health care provider with prescriptive authority prior to administering if the item does not include age, expiration date, dosage amount, and length of time to give the medication:

(A) Vitamins;
(B) Herbal supplements;
(C) Fluoride supplements;
(D) Homeopathic or naturopathic medication; and
(E) Teething gel or tablets (amber bead necklaces are prohibited).

Many nonprescription medications do not include dosing instructions for children under a specific age. Providers must not give medication to a child unless the label provides dosing instructions for their age, even upon request of the parent or guardian.

For example, a parent would like an early learning provider to give their child an herbal supplement. The packaging does not have dosing instructions for the child's age. The early learning provider does not accept the medication and informs the parent that they need a health care provider's authorization before they can administer the product.

Slide #34 WAC 110-300-0215

As reviewed in previous e-learning courses, young children are much more susceptible to absorbing substances through their skin, as they have more skin covering their bodies relative to their weight than adults. Given their age and stage of development, their skin may also react more acutely to substances than an adult's skin. This means many young children are especially sensitive to topical non-medical items.

WAC 110-300-0215 Medication.

(iv) Nonmedical items. A parent or guardian must annually authorize an early learning provider to administer the following nonmedical items:

(A) Diaper ointments (used as needed and according to manufacturer's instructions);
(B) Sunscreen;
(C) Lip balm or lotion;
(D) Hand sanitizers or hand wipes with alcohol, which may be used only for children over twenty-four months old; and
(E) Fluoride toothpaste for children two years old or older.

Slide #35 WAC 110-300-0215

For many children, the use of medication is a routine fixture in their daily life. This is especially true where medication is used to treat chronic illness or sustain health, as is the case for a child with diabetes or asthma. For these children, learning to administer their medication independently may have occurred at a young age. Taking their medication independently can be an important part in developing self-sufficiency and self-care.

WAC 110-300-0215 Medication.

(v) An early learning provider may allow children to take his or her own medication with parent or guardian authorization. The early learning staff member must observe and document that the child took the medication.

Slide #36 WAC 110-300-0215

The purpose of medication is to sustain or improve a child's health. Where medication is used for other purposes, including non-medical purposes, it is considered an abuse of medication, and puts the child at risk.

WAC 110-300-0215 Medication.

(vi) An early learning provider must not give or permit another to give any medication to a child for the purpose of sedating the child unless the medication has been prescribed for a specific child for that particular purpose by a qualified health care professional.

Consider this scenario, an early learning provider is working with a new assistant in the toddler room. A couple of the toddlers are becoming fussy as they are laying down to nap. The new assistant recommends giving the children a small dose of an antihistamine, and reports her mom used to give it to her to help her fall asleep when she was young. What should the early learning provider do?

Knowing WAC 110-300-0215(3)(a)(vi) prohibits giving children medication unless prescribed for a specific child, the early learning provider tells the assistant this is not a permissible option and would be a danger to the children. Then, they report the incident to their early learning program director to ensure the assistant has the training and knowledge required to keep the children safe while in care.

Slide #37 WAC 110-300-0215

Now let's review subsection 3 (b).

WAC 110-300-0215 Medication.

(b) Medication documentation (excluding nonmedical items). An early learning provider must keep a current written medication log that includes:

(i) A child's first and last name;
(ii) The name of the medication that was given to the child;
(iii) The dose amount that was given to the child;
(iv) Notes about any side effects exhibited by the child;
(v) The date and time of each medication given or reasons that a particular medication was not given; and
(vi) The name and signature of the person that gave the medication.

Maintaining consistent and accurate documentation of medication administration provides a critical record of an early learning provider's actions. This record may be

useful to other early learning professionals, parents, or emergency medical services when it comes to understanding the health history of children in care.

For example, a child typically receives medication every three hours while in care at the early learning program. Because of a staffing need, a lead teacher is suddenly rotated into an infant classroom. The teacher has worked previously with this group of children but is not consistently assigned to this group. The teacher knows a child in the group has a prescription medication that needs to be administered every 3 hours, but because he has not been in the classroom recently, he is unsure of when the medication needs to be administered next. How does a medication log assist the teacher in this scenario?

The early learning provider reviews the medication log to see the exact time the child received their last dosage. The early learning provider can now plan accordingly to provide the child with their next dosage at the required interval. Without the medication log, the child may have risked receiving a dosage too soon, causing unintentional overdosing, or may have missed a dosage altogether, causing their health to be compromised.

Slide #38 WAC 110-300-0215

Every ten minutes, a child under the age of 6 is treated in an emergency room for an unintentional medicine poisoning[17]. A portion of these emergency room visits are the result of medicines being accessible to children. As noted previously in this course, children explore their environments using their senses. This means when children find access to medications they are likely to touch them, smell them, and taste them. The next subsection outlines requirements for safe medication storage.

WAC 110-300-0215 Medication.

(c) Medication must be stored and maintained as directed on the packaging or prescription label, including applicable refrigeration requirements. An early learning provider must comply with the following additional medication storage requirements:

(i) Medication must be inaccessible to children;

(ii) Controlled substances must be locked in a container or cabinet which is inaccessible to children;

[17] Safe Kids Worldwide. (N.D.). *Medication Safety*. Retrieved from https://www.safekids.org/medicinesafety

WAC 110-300-0215 Medication.

(iii) Medication must be kept away from food in a separate, sealed container; and
(iv) External medication (designed to be applied to the outside of the body) must be stored to provide separation from internal medication (designed to be swallowed or injected) to prevent cross contamination.

Standard 3.6.3.2 in Caring for Our Children supports this requirement for storing medication. It is important medication is stored inaccessible to children. One study found that in nearly half of the non-prescription poisoning cases, children climbed on a chair, toy, or other object to be able to reach the medication[18].

Consider this example, an early learning provider doses medication for a child in care and sets the closed bottle on the counter. Before administering the medication, one of the children in care falls down and begins to cry. The early learning provider sets the dose of medication on the counter and goes to attend to the crying child. What risk has been created by leaving medication unattended and accessible?

To minimize risk, the early learning provider could have placed the bottle and dose back in the cabinet to make the medication inaccessible prior to attending to the child in need, or if additional staff were available, the early learning provider could request assistance.

Slide #39 WAC 110-300-0215

The discontinuing of medication may be the result of a child's prescription ending, the need for taking the medication resolved, or a child leaves the program.

WAC 110-300-0215 Medication.

(d) An early learning provider must return a child's unused medication to that child's parent or guardian. If this is not possible, a provider must follow the Food and Drug Administration (FDA) recommendations for medication disposal.

[18] Safe Kids Worldwide. (March 2018). *Safe medicine storage*. Retrieved from https://www.safekids.org/research-report/safe-medicine-storage

Improper disposal of medication, such as flushing down a toilet or dumping into a trash can, can negatively impact the environment or put medicine unintentionally within reach of children. For information from the FDA on the disposal of medication, visit the website at: fda.gov or review the Extend your Learning PDF located in the Resources section of your learner's screen.

Slide #40 WAC 110-300-0215

Some parents may prefer their child receive homemade remedies. While this preference is an acceptable practice in the privacy of one's home, it is prohibited in licensed early learning programs.

WAC 110-300-0215 Medication.

(e) An early learning provider must not accept or give to a child homemade medication, such as diaper cream or sunscreen.

The National Institutes of Health notes that natural products may seem safer since they are free of "chemicals", yet natural or homemade products may have adverse or unintended detrimental health outcomes because the ingredients and their potency are unverifiable by a regulating industry. Another unintended consequence of homemade treatment in an early learning program setting may be the triggering of an allergic reaction in another child or in the early learning provider handling the product.

Slide #41 Test Your Learning!

Before we continue, let's test your learning. Review the question and select the best response.

True or false?

Hand sanitizers may be administered without parental consent to children older than 24 months of age.

- ❍ True
- ❍ False

Slide #42 Test Your Learning!

Review the question and select the best response.

WAC 110-300-0215(3)(c) lists requirements for storing medication. Which of the following is NOT a requirement for storing medication?

a. Stored as directed on the prescription label, which may include refrigeration
b. Stored away from food in a sealed and separate container
c. Internal (to be ingested or injected) and external (topical) medication must be stored separately to prevent cross contamination
d. Store in a way that is inaccessible to children, unless the child is authorized to administer their own medication

Slide #43 Test Your Learning!

Review the question and select the best response.

True or false?

Early learning providers must be trained before being authorized to administer medication within the early learning program.

- ❍ True
- ❍ False

Slide #44 Guiding Principles

This concludes the content portion of this course! Thank you for your participation!

Before this course ends, please take a moment to reflect and set personal goals related to the following Guiding Principles and ways that each of the principles relate to early learning professionals.

Guiding Principles:

- Early learning professionals play a key role in protecting a child's health.
- Frequent handwashing is the most effective way to reduce the spread of germs.
- While medication is crucial in treating illness and keeping children healthy, it can pose a serious risk if used improperly.

What take-a-ways do you have? How will you change your practices as a result of participation in this learning module?

Slide #45 Course Evaluation

Please take a moment to answer the following end-of-course evaluation questions by selecting the appropriate choice.

This course improved my understanding of this course content.

- ❍ True
- ❍ False

Slide #46 Course Evaluation

The information presented in this course was clearly connected to the session and Learning Outcomes.

- ❍ True
- ❍ False

Slide #47 Course Evaluation

There are opportunities for application of this course content in my role as an early learning professional.

- ❍ True
- ❍ False

Slide #48 Course Evaluation

I would recommend this course to others who work in the field.

- ❍ True
- ❍ False

Slide #49 Course Conclusion

This concludes this course. If you have questions following this session, please contact your supervisor or licensor.

We hope this course has been helpful in providing information about the WAC and how programs can meet the new standards with compliance.

Our goal is that all early learning professionals viewing this course have left with an increased understanding and knowledge of the updated WAC, and that you will be able to either assess programs for compliance or be able to maintain and demonstrate compliance.

Be sure to visit the Learning Management System to review and select additional learning modules that are part of this series.