

Health Policy for Children

Health Policy and Procedure

In accordance with Fraser Health Authority, child must remain at home and see a doctor if she/he has the following conditions:

- Pain – any complaint of unexplained or undiagnosed pain.
- Difficulty in breathing, wheezing or persistent cough.
- Fever (38.3 C° or more) accompanied by general symptoms such as listlessness.
- Sore throat or trouble swallowing.
- Infected skin or eyes or undiagnosed rash.
- Headache or stiff neck.
- Unexplained diarrhea or loose stool combined with nausea, vomiting or severe abdominal cramps.
- Nausea or vomiting.
- Severe itching of body or scalp.
- Known or suspected communicable diseases (see list).
- If unable to participate in regular programming.

Children should not return for a minimum of 24 hours until all symptoms have passed, without symptoms being masked by pain relieving or fever reducers (i.e. Tylenol, Advil, Motrin, etc).

If child had been sent home ill and/or with fever a doctor's notice may be required if there is a conflict of opinions.

Parents should contact the centre prior to returning if they are uncertain.

Communicable Diseases

We will look for BCCDC guidelines for prevention and treatment of communicable diseases in case of a breakout.

Parent must inform the centre of any serious illnesses or contagious diseases within 24 hours of diagnosis.

Any child arriving to the centre, knowingly, with an infectious disease will be sent home and their space will be reviewed.

Read the charts below of common illnesses and reportable communicable diseases.

Common Illnesses

Type	Symptoms	Spread by
COVID-19	Fever, chills, cough, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue, loss of appetite, may also experience gastrointestinal symptoms like diarrhea, nausea and vomiting	Person to person, droplets coughed or sneezed into the air or on the surfaces, by asymptomatic person as well
Respiratory Infections (includes cold, flu)	Fever, runny nose, coughing, sneezing	Secretions from mouth or nose, droplets coughed or sneezed into the air
Intestinal Infections (viral enteritis, giardia, shigella, salmonella or hepatitis A)	Diarrhea	Person to person, from bowel movements, mouth from hand or indirectly from food
Skin Infections (impetigo, lice, scabbies or ringworm)	Vary	Direct contact
Viral Infections (chicken pox, measles, roseola, mumps)	Vary	Oral and nasal secretions

Communicable Disease Chart

Acquired Immune Deficiency Syndrome	Hepatitis Viral (A, B, C, E, other Viral Hepatitis)
Anthrax	Human Immunodeficiency Virus Infection
Botulism	Invasive Group A Streptococcal Disease
Brucellosis	Invasive Streptococcal Pneumonia Infection
Cholera	Leprosy
Covid-19	Lyme Disease
Toxoplasmosis	Measles
Cytomegalovirus	Meningitis: (bacterial and viral)
Herpes Simplex	Meningococcal Disease (all invasive)
Varicella-Zoster	Mumps
Hepatitis B Virus	Neonatal Group B Streptococcal Infection
Listeriosis	Pertussis (Whooping Cough)
Any congenital infection	Plague
Creutzfeldt-Jacob Disease	Polio
Cryptococcus neoformans	Rabies
Cyclospora infection	Reye Syndrome
Diffuse Lamellar Keratitis (DLK)	Rubella
Diphtheria (cases and carriers)	Severe Acute Respiratory Syndrome (SARS)
Encephalitis (all stages)	Smallpox
Foodborne illness (all causes)	Tetanus
Paralytic Shellfish Poisoning (PSP)	Transfusion Transmitted Infection
Gastroenteritis epidemic (bacterial, parasitic, viral)	Tuberculosis
Genital Chlamydia Infection	Tularemia
Giardiasis	Typhoid Fever and Paratyphoid Fever
H5 and H7 strains of the Influenza virus	Venereal Disease (chancroid, gonorrhea, syphilis)
H1N1	Waterborne Illness (all causes)
Haemophilus influenzae Disease (all Invasive and by type)	West Nile Virus Infection
Hantavirus Pulmonary Syndrome	Yellow Fever
Hemolytic Uremic Syndrome (HUS)	
Hemorrhagic Viral Fevers	

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Immunization Guidelines

Child immunization is not mandatory in Community Care Facilities. It is however, strongly recommended as a best practice for the protection of children and adults. Immunisation Waiver is required if parents choose not to immunize their child.

Recommended immunizations for children are:

Hepatitis B	Haemophilus influenza (Hib Disease)
Influenza	Meningococcal disease
MMR (Measles, Mumps, Rubella)	Pneumococcal disease
Polio(myelitis)	Diphtheria (Td)
Tetanus, Diphtheria (Td)	Pertussis (whooping cough)
Rotavirus	Varicella (chicken pox)

The Children's Immunization Schedule is available at the office

Possible side effects of vaccines are:

Redness, mild swelling or soreness where the shot was given	Temporary joint pain after MMR	A mild rash 7-14 days after chicken pox or MMR
Drowsiness, crankiness and poor appetite	Slight fever	Severe reactions: fever of 40.5 C° (104.5 F) or trouble breathing. Call your doctor

Sick Child

If a child becomes ill while at the centre, the staff will make the child comfortable, notify the parent or emergency contact person to come as soon as possible. The teacher will change any soiled clothing and remain with the child until he/she goes home.

The teacher will remain with the child until pick up time if unable to contact the parent or emergency contact person. If the condition of the child gets worse the teacher has right to decide if there is a need to call emergency.

It is parents' responsibility to pick child up or arrange emergency person for pick up as soon as possible.

Medication Administration

Children may require medication time to time. The proper medication consent form must be filled out by parents before any medications can be administered by the teacher. Prescription and non-prescription drugs must come in their original containers. Prescription drugs must be prescribed by a doctor and the proper pharmacy label on them. Free sample medications tend not to have proper labels so they will need a handwritten doctor's notice with dosage and directions to accompany them. All medications must be age appropriate, not expired and have the dosages clearly labelled. All new medications must be given at home first to monitor for any allergic reactions. Any remaining medications will be sent home. Medication is to be handed over to the teacher and she will place it in either the medication cupboard or in the fridge. If there is longer than 5-day break in the administration time another form will need to be completed. Medication is not to be put in bottles, drink or left in lunch kits or cubbies (this includes vitamins).

Care Plan

In the event child may require emergency medication (EpiPen, Inhaler, etc.) we will develop a Care Plan. Care Plan will be reviewed and signed by the parent or a primary caregiver of the child together with the staff and the manager of the facility.

The expiry date of the emergency medication will be marked in Care Plan. The emergency medication must be replaced prior its expiry date.

Care Plan will be reviewed once a year, annually. The staff and the parent/caregiver will have a meeting, they will sign and date revised Care Plan.