



DAILY HEALTH CHECK AND EXCLUSION

CYP has procedures for identifying a mildly ill participant and detail the circumstances leading to illness exclusion from the program.

a. Daily Health Checks.

- (1) All CYP Professionals (direct care and management) are trained in conducting health checks of participants. CYP conducts a health check of each participant. This health check is conducted as soon as possible after the participant enters the facility and whenever a change in the participant's behavior or appearance is noted while that participant is in care. The health check addresses:
 - (a) Reported or observed illness or injury affecting the participant since the last date of attendance.
 - (b) Reported or observed changes in behavior of the participant (such as lethargy or irritability) or in the demeanor (e.g., sad) of the participant from the previous day at home or the previous day's attendance.
 - (c) Skin rashes, impetigo, itching or scratching of the skin, itching or scratching of the scalp, or the presence of one or more live crawling lice.
 - (d) A temperature check if the child appears ill.
 - (e) Other signs or symptoms of illness and injury (such as drainage from eyes, vomiting, diarrhea, cuts/lacerations, pain, or feeling ill).
- (2) The direct care Professional gains information necessary to complete the daily health check by direct observation of the participant, by querying the parent, and, where applicable, by conversation with the participant.
- (3) The FCC provider notifies parents and the FCC Director of communicable diseases or illness of the participants, the provider, or the provider's household member(s).

b. Exclusion

- (1) When a participant is sent home (excluded) from a CYP facility/activity and confirmed to be contagious by their healthcare provider, written notification of the contagious illness is provided to parents and posted, at minimum, in the reception area of the CYP facility.
- (2) Notifications are posted at a minimum of 14 days (10 business days), or until threat is gone, to ensure that all parents have had an opportunity to receive notice. Any possible exposures to confirmed illnesses that are contagious, even if mildly, are revealed to the parents via posted notification. This allows the parents to be informed and better monitor their children for illness, and therefore decrease the amount of ill participants brought to CYP.

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- (3) Furthermore, many infectious diseases are considered “notifiable.” A notifiable disease is any disease that is required by law to be reported to state or local health departments. In these instances, CYP contacts the installation Military Treatment Facility and coordinates making the report to the appropriate health departments. *Additional information on notifiable illnesses can be found in the Morbidity and Mortality Weekly Report (<http://www.cdc.gov/mmwr/>) and the CDC “Summary of Notifiable Diseases in the United States.”
- (4) Exclusion criteria include, but are not limited to, the following:
- (a) Fever at or above 101°F (100°F Axillary) with ANY changes in the participant’s behavior (any signs of illness) - in order to readmit the participant to the program, he/she must be fever-free without the use of antipyretics (e.g., Tylenol, Motrin) for 24 hours prior to return.
 - (b) Diarrhea (2 or more watery stools, that cannot be contained and are causing “accidents” within 24 hours) - in order to readmit the participant to the program, diarrhea must be absent for 24 hours prior to return. If diarrhea is bloody, the participant may not return without documentation from his/her healthcare provider. If diarrhea is caused by a gastrointestinal infection, the participant’s return date will also be based on the type of infection.
 - (c) Vomiting (2 or more within 24 hours) - in order to readmit the participant to the program, vomiting must be absent for 24 hours prior to return. If vomit is green or bloody, or if the participant has not urinated in eight hours, the participant may not return without documentation from his/her healthcare provider.
 - (d) Inability to participate in daily activities - the participant may return once feeling better and is able to fully participate in CYP.
 - (e) Suspicion of other obvious illnesses such as, but not limited to:
 - i. Pertussis
 - ii. Head Lice or Nits that are closer than 3mm from the scalp
 - iii. Chicken Pox
 - iv. Scabies
 - v. Strep Throat
 - vi. Rotavirus (or other gastroenteritis)
 - vii. Impetigo (or other skin infections)
 - (f) Participants may be readmitted after treatment has begun and/or the contagious stage of the illness has passed. Participants are readmitted after illness only when their presence no longer endangers the health of other participants.

MEDICATION SAFETY, ADMINISTRATION AND STORAGE

a. Supervision

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- (1) Medications are only given with written authorization from the parents per NAVMC 1750/7, USMC Child and Youth Programs (CYP) Authorization to Apply Basic Care Items, Administer Medication or CONTROLLED Substance. The administration of medication is documented on this NAVMC form. Only healthcare provider-prescribed medications are administered and in the dosage, times and route prescribed. CYP does not accept medications unless provided in the original packaging/container. The prescription label must include the participant's name; the medication name, dosage, route and frequency; and the prescribing healthcare provider's name. CYP may administer medications if the parent authorization matches the prescription label. If there are discrepancies, CYP does not give the medication.
 - (2) CYP collaborates with the CYP Nurse and/or installation medical authority to establish procedures to ensure the administration of prescribed medication is given to the appropriate participant, in the appropriate dosage, via the appropriate route and at the appropriate time.
 - (3) The times of medication administration are in accordance with the frequency listed on the prescription label. CYP makes every attempt to have parent, with consultation of healthcare provider, if necessary, adjust medication administration times to limit the amount of doses that CYP will need to administer. It is highly recommended that, whenever possible, the first dose of medication be given to the participant under parental care at least one hour prior to admission into CYP, to see if the participant has any type of reaction. When a participant is prescribed antibiotics for a contagious illness, the participant must receive at least 24 hours of antibiotics prior to returning to the program.
 - (4) The details of the medication authorization are verified monthly using NAVMC 1750/7. If there are no changes to the medication, parent signature and date are required. If changes to the medication have occurred, a new authorization is completed.
 - (5) Medicines taken by participants are taken under the direct supervision of trained CYP Professionals. There is only one medication documented per form. Only trained and designated CYP Professionals or a parent administers medications. Medications are kept under strict controls by retaining in a locked or secured container, cabinet, or refrigerator out of reach of participants. Access is limited to the CYP Management and trained and designated CYP Professionals.
 - (6) When documenting the administration of medication, each section of the medication administration record, included on NAVMC 1750/7, is completed by the CYP Professional administering the medication every time the medication is administered to the participant. Quotations and/or arrows are not used in any sections. All information is written each and every time. The "medication administrator" section includes the first and last name of the CYP Professional who administered the medication.
 - (7) CYP does not administer "as needed" medications unless the medications are part of accommodations made for a participant's special need(s) and included in an ISP. If a medication is an ongoing "as needed" medication for a special need, the end date is the date of medication expiration.

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- (8) If the participant will require any medication for a period more than 30 days, the participant must complete the Inclusion Action Team (IAT) process so that accommodations can be made and included in an ISP.
- (9) CYP does not administer folk or homemade remedy medications or treatment.
- (10) CYP does not store, manage or administer medications, of any kind, for professionals or volunteers. CYP Professionals/volunteers maintain control of their own medications, ensuring that they are not within the vicinity of any participants. If the professional requires an accommodation/modification, the he/she must seek assistance through the installation human resources office so that proper accommodations can be made.
- b. Controlled Substances.** Participants taking controlled substances are under the direct supervision of trained CYP Professionals. The medication administration is logged on the NAVMC 1750/7. There is only one controlled substance documented per form. Additional control measures are established for administering and storing controlled substances via installation CYP policies and procedures. The policies and procedures address issues concerning who can administer, the policy for administration and storage, and counting the controlled substance. The policies and procedures also address any other issues that are specific to the installation.
- c. Over-The-Counter Medications And Basic Care Items**
- (1) Over-the-counter medication is not administered unless prescribed by a healthcare provider and administered from a prescription labeled container (with the exception of “basic care items”). These medications are taken by participants under the direct supervision of trained CYP professionals and logged on the NAVMC 1750/7. There is only one medication documented per form. Cough and cold medications are not administered in CYP.
- (2) Non-prescription topical ointments, non-aerosol sunscreens, non-aerosol insect repellent, diaper ointments/creams, lotions, lip balm, petroleum jelly, and lanolin, are referred to as basic care items and may be administered with written parent consent. The basic care item must contain the manufacturer’s label and is labeled with the participant’s name. CYP does not apply basic care items without parent provided instructions on the appropriate use which include appropriate dosage, area of the body, and time; however, parent’s instructions must not exceed or directly conflict with manufacturer’s instructions. These items are applied by or under the direct supervision of trained CYP Professionals and logged on the NAVMC 1750/7. There is only one basic care item documented per form. Talcum powder is not used in CYP.
- d. Training**
- (1) The CYP Nurse and the CYP Training and Curriculum Specialist (T&C) collaborate to provide training in the proper procedures for administering medications. In the event, a CYP Nurse is unavailable or not on staff, the T&C collaborates with the installation medical authority.
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(2) CYP Management Professionals are trained on medication safety, administration and storage. At least two trained and designated CYP Professionals per facility are present during hours of operation. All CYP Professionals (management, direct care professionals and FCC providers) are trained on basic care item safety, application and storage. As appropriate, the CYP Nurse and/or installation medical authority may recommend to management that additional CYP Professionals be designated and trained when necessary to meet the needs of the program. Medication training is provided to the FCC provider if medication is to be administered in the FCC home.

e. Youth Medication Administration. Youth are not permitted to carry or administer medications, without permission from parents and healthcare provider as noted on NAVMC 1750/7. When youth administer their own medications, it is done under the supervision of trained CYP Professionals and logged on the NAVMC 1750/7, and away from other participants. CYP Participants do not carry controlled substances.

f. Medication Disposal

(1) Unused medications are returned to the parent for disposal. In the event medication cannot be returned to the parent, the program will attempt to collaborate with the installation medical authority for disposal.

(2) If the medication cannot be disposed of by the installation medical authority, it is disposed of according to the recommendations of the US Food and Drug Administration. Documentation is kept with the CYP facility/activity of all disposed medications. The current guidelines are as follows:

(a) If a medication lists any specific instructions on how to dispose of it, follow those directions;

(b) If there are community drug take back programs, participate in those; otherwise

(c) Remove medications from their original containers and put them in a sealable bag. Mix medications with an undesirable substance such as used coffee grounds. Throw the mixture into the regular trash. Make sure participants do not have access to the trash.