

Part VII

SPECIAL CARE PROVISIONS AND EMERGENCIES

22 VAC 40-185-490. Preventing the spread of disease.



- A. A child shall not be allowed to attend the center for the day if he has:
 - 1. A temperature over 101°F;
 - 2. Recurrent vomiting or diarrhea; or
 - 3. A communicable disease.
- B. If a child needs to be excluded according to subsection A of this section, the following shall apply:
 - 1. Arrangements shall be made for the child to leave the center as soon as possible after the signs or symptoms are noticed; and
 - 2. The child shall remain in the designated quiet area until leaving the center.
- C. When children at the center have been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, the parents shall be notified within 24 hours or the next business day of the center's having been informed unless forbidden by law, except for life threatening diseases, which must be reported to parents immediately.
- D. The center shall consult the local department of health if there is a question about the communicability of a disease.
- E. When any surface has been contaminated with body fluids, it shall be cleaned and sanitized.

22 VAC 40-185-500. Hand washing and toileting procedures.

- A. Hand washing.
 - 1. Children's hands shall be washed with soap and running water or disposable wipes before and after eating meals or snacks.
 - 2. Children's hands shall be washed with soap and running water after toileting and any contact with blood, feces or urine.
 - 3. Staff shall wash their hands with soap and running water before and after helping a child use the toilet or a diaper change, after the staff member uses the toilet, after any contact with body fluids, and before feeding or helping children with feeding.

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4. Exception: If running water is not available, a germicidal cleansing agent administered per manufacturer's instruction may be used.

B. Diapering; soiled clothing.

1. The diapering area shall be accessible and within the building used by children.
2. There shall be sight and sound supervision for all children when a child is being diapered.
3. The diapering area shall be provided with the following:
 - a. A sink with running warm water not to exceed 120°F;
 - b. Soap, disposable towels and single use gloves such as surgical or examination gloves;
 - c. A nonabsorbent surface for diapering or changing shall be used. For children younger than three years, this surface shall be a changing table or countertop designated for changing;
 - d. The appropriate disposal container as required by subdivision 5 of this subsection; and
 - e. A leakproof covered receptacle for soiled linens.
4. When a child's clothing or diaper becomes wet or soiled, the child shall be cleaned and changed immediately.
5. Disposable diapers shall be used unless the child's skin reacts adversely to disposable diapers.
6. Disposable diapers shall be disposed in a leakproof or plastic-lined storage system that is either foot-operated or used in such a way that neither the staff member's hand nor the soiled diaper touches an exterior surface of the storage system during disposal.
7. When cloth diapers are used, a separate leakproof storage system as specified in this subdivision shall be used.

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8. The diapering surface shall be used only for diapering or cleaning children, and it shall be cleaned with soap and at least room temperature water and sanitized after each use. Tables used for children's activities or meals shall not be used for changing diapers.

Exception: Individual disposable barriers may be used between each diaper change. If the changing surface becomes soiled, the surface shall be cleaned and sanitized before another child is diapered.

9. Staff shall ensure the immediate safety of a child during diapering.
- C. Toilet training. For every 10 children in the process of being toilet trained, there shall be at least one toilet chair or one child-sized toilet, or at least one adult sized toilet with a platform or steps and adapter seat.
1. The location of these items shall allow for sight and sound supervision of children in the classroom if necessary for the required staff-to-children ratios to be maintained.
 2. Toilet chairs shall be emptied promptly and cleaned and sanitized after each use.

22 VAC 40-185-510. Medication.

- A. Prescription and nonprescription medication shall be given to a child:
1. According to the center's written medication policies; and
 2. Only with written authorization from the parent.
- B. Nonprescription medication shall be administered by a staff member or independent contractor who meets the requirements in 22VAC40-185-240 D 1 or 22VAC40-185-240 D 3.
- C. The center's procedures for administering medication shall:
1. Include any general restrictions of the center.
 2. For nonprescription medication, be consistent with the manufacturer's instructions for age, duration and dosage.

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3. Include duration of the parent's authorization for medication, provided that it shall expire or be renewed after 10 work days. Long-term prescription drug use and over-the-counter medication may be allowed with written authorization from the child's physician and parent.
 4. Include methods to prevent use of outdated medication.
- D. The medication authorization shall be available to staff during the entire time it is effective.
- E. Medication shall be labeled with the child's name, the name of the medication, the dosage amount, and the time or times to be given.
- F. Nonprescription medication shall be in the original container with the direction label attached.
- G. The center may administer prescription medication that would normally be administered by a parent or guardian to a child provided:
1. The medication is administered by a staff member or an independent contractor who meets the requirements in 22VAC40-185-240 D 1;
 2. The center has obtained written authorization from a parent or guardian;
 3. The center administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container; and
 4. The center administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration.
- H. When needed, medication shall be refrigerated.
- I. When medication is stored in a refrigerator used for food, the medications shall be stored together in a container or in a clearly defined area away from food.
- J. Medication, except for those prescriptions designated otherwise by written physician's order, including refrigerated medication and staff's personal medication, shall be kept in a locked place using a safe locking method that prevents access by children.

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- K. If a key is used, the key shall not be accessible to the children.
- L. Centers shall keep a record of medication given children, which shall include the following:
 - 1. Child to whom medication was administered;
 - 2. Amount and type of medication administered to the child;
 - 3. The day and time the medication was administered to the child;
 - 4. Staff member administering the medication;
 - 5. Any adverse reactions; and
 - 6. Any medication error.
- M. Staff shall inform parents immediately of any adverse reactions to medication administered and any medication error.
- N. When an authorization for medication expires, the parent shall be notified that the medication needs to be picked up within 14 days or the parent must renew the authorization. Medications that are not picked up by the parent within 14 days will be disposed of by the center by either dissolving the medication down the sink or flushing it down the toilet.

22 VAC 40-185-520. Over-the-counter skin products.

- A. All nonprescription drugs and over-the-counter skin products shall be used in accordance with the manufacturer's recommendations. Nonprescription drugs and over-the-counter skin products shall not be kept or used beyond the expiration date of the product.
- B. If sunscreen is used, the following requirements shall be met:
 - 1. Written parent authorization noting any known adverse reactions shall be obtained;
 - 2. Sunscreen shall be in the original container and labeled with the child's name;
 - 3. Sunscreen does not need to be kept locked but shall be inaccessible to children under five years of age or those children in a therapeutic child day program or special needs child day program;

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4. Any center-kept sunscreen shall be hypo-allergenic and have a minimum SPF of 15;
5. Staff members without medication administration training may apply sunscreen, unless it is prescription sunscreen, in which case the storing and application of sunscreen must meet medication-related requirements; and
6. Children nine years of age and older may administer their own sunscreen if supervised.

C. If diaper ointment or cream is used, the following requirements shall be met:

1. Written parent authorization noting any known adverse reactions shall be obtained;
2. These products shall be in the original container and labeled with the child's name;
3. These products do not need to be kept locked but shall be inaccessible to children;
4. A record shall be kept that includes the child's name, date of use, frequency of application and any adverse reactions; and
5. Staff members without medication administration training may apply diaper ointment, unless it is prescription diaper ointment, in which case the storing and application of diaper ointment must meet medication-related requirements.

D. If insect repellent is used, the following requirements shall be met:

1. Written parent authorization noting any known adverse reactions shall be obtained;
2. Insect repellent shall be in the original container and labeled with the child's name;
3. Insect repellent does not need to be kept locked but shall be inaccessible to children;
4. A record shall be kept that includes the child's name, date of use, frequency of application and any adverse reactions;

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5. Manufacturer's instructions for age, duration and dosage shall be followed; and
6. Staff members without medication administration training may apply insect repellent, unless it is prescription insect repellent, in which case the storing and application of insect repellent must meet medication-related requirements.

22 VAC 40-185-530. First aid training, cardiopulmonary resuscitation (CPR) and rescue breathing.

- A. There shall be at least one staff member trained in first aid, cardiopulmonary resuscitation, and rescue breathing as appropriate to the age of the children in care who is on the premises during the center's hours of operation and also one person on field trips and wherever children are in care.
 1. This person shall be available to children; and
 2. This person shall have current certification by the American Red Cross, American Heart Association, National Safety Council, or other designated program approved by the Department of Social Services.
- B. Primitive camps shall have a staff member on the premises during the hours of operation who has at least current certification in first responder training.

22 VAC 40-185-540. First aid and emergency supplies.

- A. A first aid kit shall be:
 1. On each floor of each building used by children;
 2. Accessible to outdoor play areas;
 3. On field trips; and
 4. Wherever children are in care.
- B. Each first aid kit shall be easily accessible to staff but not to children.

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C. The required first aid kits shall include at a minimum:

1. Scissors;
2. Tweezers;
3. Gauze pads;
4. Adhesive tape;
5. Band-aids, assorted types;
6. An antiseptic cleansing solution /pads;
7. Thermometer;
8. Triangular bandages;
9. Single use gloves such as surgical or examination gloves; and
10. The first aid instructional manual.

D. The following emergency supplies shall be required at the center and be available on field trips:

1. Activated charcoal preparation (to be used only on the direction of a physician or the center's local poison control center); and
2. An ice pack or cooling agent.

E. The following nonmedical emergency supplies shall be required:

1. One working, battery-operated flashlight on each floor of each building that is used by children; and
2. One working, battery-operated radio in each building used by children and any camp location without a building.

22 VAC 40-185-550. Procedures for emergencies.

- A. The center shall have an emergency preparedness plan that addresses staff responsibility and facility readiness with respect to emergency evacuation and shelter-in-place. The plan, which shall be developed in consultation with local or state authorities, addresses the most likely to occur emergency scenario or scenarios, including but not limited to natural disaster, chemical spills, intruder, and terrorism specific to the locality.
- B. The emergency preparedness plan shall contain procedural components for:
1. Sounding of alarms (intruder, shelter-in-place such as for tornado, or chemical hazard);
 2. Emergency communication to include:
 - a. Establishment of center emergency officer and back-up officer to include 24-hour contact telephone number for each;
 - b. Notification of local authorities (fire and rescue, law enforcement, emergency medical services, poison control, health department, etc.), parents, and local media; and
 - c. Availability and primary use of communication tools;
 3. Evacuation to include:
 - a. Assembly points, head counts, primary and secondary means of egress, and complete evacuation of the buildings;
 - b. Securing of essential documents (sign-in record, parent contact information, etc.) and special healthcare supplies to be carried off-site on immediate notice; and
 - c. Method of communication after the evacuation;
 4. Shelter-in-place to include:
 - a. Scenario applicability, inside assembly points, head counts, primary and secondary means of access and egress;
 - b. Securing essential documents (sign-in records, parent contact information, etc.) and special health supplies to be carried into the designated assembly points; and
 - c. Method of communication after the shelter-in-place;

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5. Facility containment procedures, (e.g., closing of fire doors or other barriers) and shelter-in-place scenario (e.g., intruders, tornado, or chemical spills);
 6. Staff training requirement, drill frequency, and plan review and update; and
 7. Other special procedures developed with local authorities.
- C. Emergency evacuation and shelter-in-place procedures/maps shall be posted in a location conspicuous to staff and children on each floor of each building.
 - D. The center shall implement a monthly practice evacuation drill and a minimum of two shelter-in-place practice drills per year for the most likely to occur scenarios.
 - E. The center shall maintain a record of the dates of the practice drills for one year. For centers offering multiple shifts, the simulated drills shall be divided evenly among the various shifts.
 - F. A 911 or local dial number for police, fire and emergency medical services and the number of the regional poison control center shall be posted in a visible place at each telephone.
 - G. Each camp location shall have an emergency preparedness plan and warning system.
 - H. The center shall prepare a document containing local emergency contact information, potential shelters, hospitals, evacuation routes, etc., that pertain to each site frequently visited or of routes frequently driven by center staff for center business (such as field trips, pick-up/drop off of children to or from schools, etc.). This document must be kept in vehicles that centers use to transport children to and from the center.
 - I. Parents shall be informed of the center's emergency preparedness plan.
 - J. Based on local authorities and documented normal ambulance operation, if an ambulance service is not readily accessible within 10 to 15 minutes, other transportation shall be available for use in case of emergency.

22 VAC 40-185-550. Procedures for emergencies.

- K. The center or other appropriate official shall notify the parent immediately if a child is lost, requires emergency medical treatment or sustains a serious injury.
- L. The center shall notify the parent by the end of the day of any known minor injuries.
- M. The center shall maintain a written record of children's serious and minor injuries in which entries are made the day of occurrence. The record shall include the following:
 - 1. Date and time of injury;
 - 2. Name of injured child;
 - 3. Type and circumstance of the injury;
 - 4. Staff present and treatment;
 - 5. Date and time when parents were notified;
 - 6. Any future action to prevent recurrence of the injury;
 - 7. Staff and parent signatures or two staff signatures; and
 - 8. Documentation on how parent was notified.