



Child Educational Center Incidental Medical Services (IMS) Plan

It is the goal of the CEC to be as inclusive as possible, including providing care for children with various ongoing medical conditions. The following plan outlines our procedures for the four conditions we currently accommodate:

1. We can accommodate children with anaphylaxis (severe, potentially life threatening allergies), asthma (chronic lung disease that impairs breathing), seizure disorders (febrile seizures), and sleep/breathing disorders (sleep apnea). In addition, the School-Age Program can also accommodate diabetes (abnormal blood glucose levels).
2. Personal plan of care procedures provided by a doctor or parent will be kept for each child with one of the above conditions.
3. EpiPens, inhalers, nebulizers, breathing monitors, and diabetes-related equipment (School-Age only) will be kept in the medical box in each room/site.
4. All of our Site Directors, Lead and most Associate teaching staff are certified in pediatric first aid and CPR. This training includes use of the EpiPen. In addition, the permission for inhaler/nebulizer use is specific to certain trained staff who are trained in their use.
5. Parents/authorized guardians are required to sign a written consent to administer inhaler/nebulizer treatments in addition to the permission to administer other medications. Also, the child's physician must provide a signed form.
6. We ensure that proper safety precautions are met, including the wearing of gloves to reduce exposure to bodily fluids, proper hand cleaning following glove removal, and safe disposal of all contaminated materials.
7. Medication/appliances will be taken on field trips or other off site activities.
8. Medication/appliances will be taken on drills or in case of a real emergency/disaster.
9. Routine and predicted treatment will be logged on the Parent Consent Form (LIC 9221).
10. Medical incidents outside of routine and predicted treatment will also be recorded in the CEC's Illness and Accident Log. Parents will also be notified by phone.
11. 911 will be called for emergency medical incidents and/or for symptoms or reactions outside those addressed in the scope of the parent/written documentation. Emergency services may also be contacted for any medical situation which is outside the comfort or knowledge of the staff present on any given day.
12. Serious incidents and any change in this plan will be reported to the Department of Social Service licensing office and an Unusual Incident Report (LIC624) will be filed.
13. The Center reserves the right to decline or terminate enrollment of a child with any of the above conditions if we believe the condition/treatment needs are beyond the scope of our staff's training or ability to perform in the context of a group setting. In addition, enrollment may be suspended or terminated if communication with the parent does not support full understanding of treatment needs, or if parents fail to provide medication/supplies, instructions, and any required documentation.

Child's name: _____ DOB: ____/____/____

Teacher (s): _____ Room: _____

Type of Incidental Medical Service (IMS) Plan:

- Anaphylaxis
- Febrile Seizures
- Sleep Apnea
- Asthma
- Other _____

Type of Medication:

- EpiPen Jr. Expiration date: ____/____/____
- Inhaler Expiration date: ____/____/____
- Nebulizer Expiration date: ____/____/____
- Other (please specify): _____
Expiration date: ____/____/____

Location of Medication: _____

Person(s) authorized and trained to administer medication:

- | | |
|-----------|-----------|
| 1.) _____ | 4.) _____ |
| 2.) _____ | 5.) _____ |
| 3.) _____ | 6.) _____ |

CHECKLIST:

- Action Plan on file
- Parent Consent for Administration of Medication and Medication Chart (LIC 9221)
- Medication

Form completed by (staff member's printed name): _____

Staff member's signature: _____

Date form was completed: ____/____/____