



When A Child Is Sick Or Hurt

Training Review Module

2 Clock Hours



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Instructions For Completing This Module:

1. After reviewing this material with your day home representative, please read and study the material carefully.
2. Complete the test for the material and return it to Child Food Program Of Texas at your convenience. There is no deadline to have this test back to us.
3. When we receive your completed test, we will evaluate it and then send you a certificate for 2 clock hours for completing this material.

Objectives For This Module:

1. To highlight signs of the onset of routine illness
2. To provide information about caring for the child
3. To explain procedures for reporting problems to others
4. To educate providers about follow-up procedures of an ill child

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Recognizing Illnesses

Nurses and doctors are trained to identify and treat illness in children. No layperson can hope to recognize and treat all the ailments a child may have. However, the layperson can be alert to those signs and symptoms of illnesses often seen in children which may require medical attention. The following lists of signs and symptoms are general guidelines for recognizing some of them, but no guideline can be complete. You will often have to rely on your common sense and experience in judging illness in children.

Signs of Illness

The general appearance and behavior of children are good clues to their health. When a child suddenly begins to act differently or look differently, it may be a sign that there is a health problem. If a child begins looking or acting differently, you will have to decide how serious the change is. It may require phoning parents immediately, isolating the child, keeping watch, or all these things. However, always tell the parents when you observe changes in the child.

Unusual Behavior or Appearance
Changes in behavior and general appearance can include:

- ❁ unusual tiredness or drowsiness
- ❁ unusual irritability
- ❁ anxiousness
- ❁ restlessness
- ❁ lack of interest
- ❁ decrease in activity
- ❁ increase in activity
- ❁ loss of appetite
- ❁ rashes or skin irritations
- ❁ reluctance or refusal to use an arm or leg

Symptoms of Illness

If a child shows any of the symptoms listed below, report them to the parents or medical advisor.

- ❁ Vomiting should be reported promptly especially if the child also appears sick or different in any other way. This does not apply to spitting up after meals, which is common among infants.
- ❁ Severe diarrhea in infants should be reported promptly. Diarrhea, if not accompanied by other symptoms such as vomiting and fever, should be reported to the parents when they pick up their child.



❁ Fever is an indicator of illness. An under- arm temperature of 99 degrees or more may be a fever and should be reported. A high fever can accompany a mild infection, and a young baby can be quite sick with little or no fever. The degree of fever may not indicate how sick a child really is. (See Reporting a Temperature.)

❁ Dehydration is a dangerous condition in a child. It can occur when the child is not drinking enough liquids or is unable to retain fluids. A combination of vomiting and diarrhea could dehydrate a child within 24 hours or less depending upon the severity. If a child becomes withdrawn, behaves unusually, and refuses liquids, prompt medical attention is needed.

❁ Blood in the stool or vomit should be reported immediately.

❁ Injury or inflammation to the eye should be re-

ported promptly.

❁ Injury to the head should be reported if it is severe enough to cause pain or blackout.

❁ Burns should be reported if blisters appear.

❁ Injury to a limb should be reported if the child does not immediately regain normal use or if use is painful.

❁ A rash should be reported if a child seems more than mildly sick or if the rash is extensive.

❁ Difficulty in breathing should always be reported immediately.

❁ Pain should be reported when it first appears. Infants often have colic pains which usually disappear with time. Unusual or suddenly severe colic should be discussed with parents.

Caring for the Sick Child

When you suspect a child is sick, or when a child shows definite symptoms of illness, there are a number of effective things you can and should do.

Immediate Care

Steps to follow in immediate care include: (1) separating or isolating the child from other children, (2) making the child comfortable, (3) taking the child's temperature, and (4) notifying the parents.

Isolating the Child

When children are ill, separate them from the other children. This is for their own protection and the protection of the other children. They should be given a bed or cot away from the other children and should be supervised. Hold them on your lap or read to them. If they are feeling ill enough to want to lie down, they will be easy to handle. Children should be given comfort and reassurance until their parents pick them up.

Making the Child Comfortable

Rest is important for children when they are ill. Putting them to bed and isolating them from the other children should be handled tenderly, so they do not feel left out. Children are frightened when they are ill and left alone. They need a lot of comforting. They also feel guilty and embarrassed about making the personal messes that result from vomiting or diarrhea. Caregivers need to be careful about making ill children feel

that their world is safe and secure. Fussing over them and making sure they are comfortable will not spoil them. Treat the child like you would like to be treated if you were ill and unable to take care of yourself.

Taking the Temperature

When you suspect a child is running a fever, take the temperature. Temperature can be measured by placing a thermometer in the mouth, under the arm, or in the rectum. For young children the best method is to place a thermometer under the arm. This is called the axillary method. It should always be used by the layperson in taking children's temperatures. It is the safest of the three methods.

Types of Thermometers

A thermometer with a long, slender bulb on the end is used for taking temperatures orally (in the mouth). A thermometer with a short, stubby bulb (either round or pear-shaped) may be used for taking oral, rectal, or axillary temperatures. Always use the thermometer with the short, stubby bulb to take axillary temperatures. If you purchase a thermometer, ask for a child's thermometer or a rectal thermometer.

Using a Thermometer

Always use a clean thermometer. Clean it with rubbing alcohol. Washing it in hot water will damage the accuracy of the thermometer.

Hold the thermometer near the top. (The bottom of the thermometer is the bulb end). Using a sharp motion, shake



Information and Emergency Form

Child's Name: _____ Birthdate: _____

Care Schedule: Days of week: _____ Hours of day: _____

Parent (or guardian): _____

Address: _____ Home phone: _____

Mother: Name used at work: _____

Employer: _____ Address: _____

Phone Number: _____ Work Hours: _____ to _____

Father: Name used at work: _____

Employer: _____ Address: _____

Phone Number: _____ Work Hours: _____ to _____

If parents are living separately, which parent should be contacted in case of emergency?

Name: _____

Address: _____ Phone: _____

If parent is unavailable, list two persons to contact in case of emergency:

	<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____

If parent cannot be contacted or if the emergency is too critical, take the child to:

Doctor's Name: _____ Phone: _____

Address: _____

If unavailable, use (name of another doctor, hospital or clinic):

Address: _____ Phone: _____

Note: Place a check mark beside the names of persons listed above who are authorized to pick the child up.

the mercury down below 97 degrees. It is easy to drop a thermometer when shaking down the mercury, so do it over a soft surface.

Hold the child on your lap and place the bulb end of the thermometer in the center of the bare arm pit. Hold the child's arm closed for five minutes.

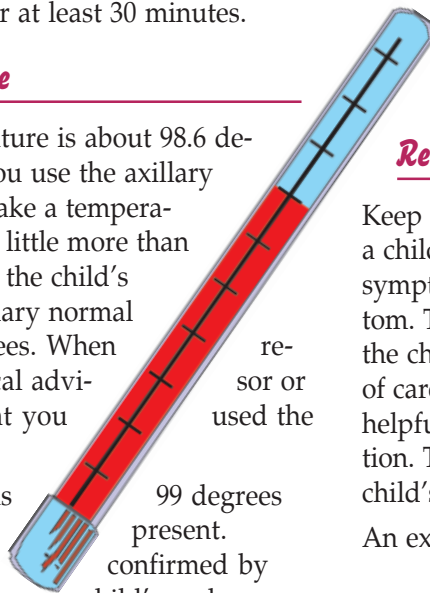
Most thermometers have one edge sharper than the rest. Hold this edge toward you. The degree marks will appear on the top line and degree numbers are on the line below. The mercury moves on a line in the space between the marks and numbers. You can tell the temperature by reading the number at the point where the mercury line has stopped.

After use, record the temperature and wash the thermometer with soap and cold water. Place the thermometer in alcohol for at least 30 minutes.

Reporting a Temperature

The normal body temperature is about 98.6 degrees. Remember when you use the axillary or under arm method to take a temperature, the reading will be a little more than one or two degrees below the child's true temperature. An axillary normal reading will be 97.4 degrees. When reporting a fever to a medical advisor or parent, be sure to say that you used the axillary method.

If the child's temperature is 99 degrees or over, fever may be present. However, it should be confirmed by having a nurse take the child's oral or rectal temperature.



Notifying Parents

You should have on file information on how to reach parents in an emergency, the name and telephone number of someone to contact when parents cannot be reached, the name and number of a doctor, and written permission for getting emergency treatment.

Parents should be notified immediately when their children are ill. If a sick child's parents cannot be located, someone on the list of people to be called in the case of emergency should be telephoned to pick up the child. If neither the parents nor anyone on the emergency list can be reached, continue to keep the child in isolation under adult observation until pick-up time. If the child is more than mildly ill, contact the physician named by the child's parents and if necessary, take the child to the doctor's office.

Recording Symptoms and Observations

Keep a written record of the symptoms and signs of a child's illness. Write the child's name, date, each symptom or observation, and duration of the symptom. This will help you give an accurate report to the child's family or physician. Also note the kind of care and results of the care given to the child. It is helpful to use a form to record this kind of information. The note or record should be kept in the child's permanent file.

An example of a note is as follows:

Lucy Bright

November 3, 2004
Approximate Time:

10:00 AM Looks sick
- listless
- coughing
- does not seem to have fever

1:00 PM Took axillary temp 101°
Phoned parents - will pick up
as soon as possible

1:30 PM Vomited and running stool

2:00 PM Parents picked up Lucy.
Informed them of the times,
temperature and symptoms

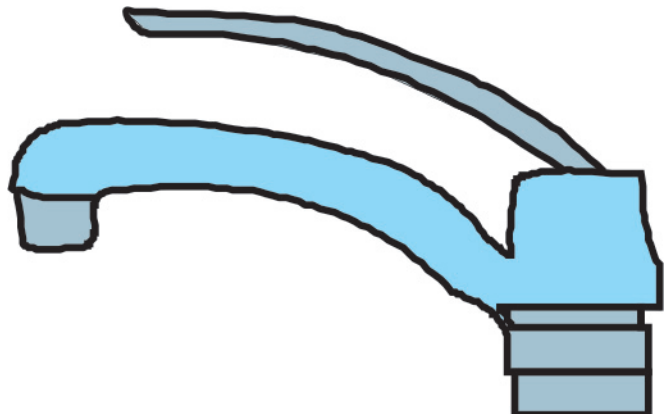
November 10, 2004
Follow up

Lucy returned - had flu.
Looks well. No medication
required.
No restrictions on activities

Cleanliness

The importance of washing hands, especially when you are handling ill children, cannot be overemphasized. Doctors wash their hands before and after each examination, even if their patients are not ill. In this respect, think of yourself as a physician. Your hands come in contact with and carry thousands of unseen germs. If you fail to wash your hands thoroughly, you can catch diseases yourself or spread them among the children and your family. A thorough washing means using hot water and soap, and cleaning under the fingernails. Any time you change a diaper or come in contact with diarrhea, give your hands an extra scrubbing. All the extra washing and scrubbing will help control illness in your center. It may also make your hands sore. You might want to use a mild lotion after each washing.

It is also important to thoroughly clean up after a child who is sick. Clothing or bedding which has been soiled should be removed immediately and washed in hot water. Toilets and lavatories should be cleaned and disinfected. Towels and washcloths used by the sick child should also be removed and washed. Germs can be carried in many ways and careful cleaning can prevent other children from becoming ill.



Reporting Problems

Any time a child is sick, an emergency occurs, or problems develop, report it to the child's parents and keep a record in the child's folder. Report situations like contagious diseases to other parents and other teachers as well.

Minor Accidents

Children are often involved in minor accidents resulting in a small bump, bruise, or cut. However, you should let the parents know about minor accidents. This protects you as well as the child.

Use a simple form or note to notify parents of common school accidents. Be concerned and concise, not alarming.

An example of a simple form is as follows:

Parent's Name _____
Date _____
Your child received the following injury today at _____
Emergency procedures administered: _____
Administered by _____
Time _____
Day Care Provider _____

If you have any questions, please feel free to telephone.

Serious Accidents

Any time there is a serious accident, your primary concern is the child. If there is time, always call the parents first. If there is not time, call a physician, an ambulance, or get the child to a hospital in your own car. You can call the parents after you reach the hospital. Stay as calm as possible. No one knows how serious the child's condition is

until the child has been examined. Parents have been killed in their haste to get to their ill child.

A complete report of any serious accident should be written and filed with other information about the child. Again, this serves as protection for both you and the child. Sometimes detailed information is needed later for filing health claims or accident reports. Always keep a record of all accidents in case questions arise.

Accident Report

Child's full name: _____

Parent's name: _____

1. What happened? Date: _____ Time: _____

2. What kind of care was provided?

3. Was a doctor consulted? Date: _____ Time: _____

Name of doctor: _____

4. When and how was the parent notified? Date: _____ Time: _____

5. Results:

Signed: _____ Date: _____

Child Emergencies

In some emergencies, quickly getting help for the child is critical. In all cases, the parents should be contacted as soon as possible.

You must have a signed statement from the parents, guardians, or other legally responsible people allowing you to follow whatever emergency procedures are necessary such as taking the child to the hospital. You should not have a child in your care until you have this statement. Use a form for recording this permission. A sample form follows:

I AGREE THAT: In case of emergency, Mr./ Ms. _____

has my permission to secure needed emergency medical care for my child/ children.

Children covered by agreement:

Signature of parent or guardian:

Date _____

Check with your local Department of Human Services licensing representative about current standards. Find out if they advise having this statement notarized. They also have sample emergency forms available.

Any time there is an emergency, you must try to contact one of the child's parents. You should already have an information form from the parents including their home and work telephone numbers,

a name and number of a person to contact if the parents are unavailable, and the name and number of the child's physician.

Caregiver Emergencies

Perhaps the most frightening thing that could happen to you in a home or center is

to suffer an injury when you are the only adult present. If you are taking care of children by yourself, you should have an emergency plan. Your plan must be suited to your particular situation. The following suggestions can help you in planning. Whatever your plan, role play it with the children so that when a real emergency occurs, they will know what to do and will not panic.

- ❁ If you provide care in your home, plan ahead with a neighbor or a friend.
- ❁ If you have a close neighbor, one of the children can be sent for help. Select a neighbor on the same side of the street so a young child does not have to cross the street alone.
- ❁ All children, as soon as they are able, should be taught how to reach the telephone operator. A red dot of fingernail polish on the "O" helps them recognize it. They need to be able to communicate as much information as possible. At a minimum, "Teacher hurt" and leaving the phone off the hook, might bring help.
- ❁ Make a bright orange "HELP" sign and teach the children where to place it so it can be seen easily. Or, teach the children how to take the sign to a neighbor.
- ❁ In a day-care center, plan ahead with other teachers and staff.
- ❁ Each room should have a "HELP" sign. You may be working alone in a room with children. Should an emergency arise, the children can take the sign

to another adult in the center. Role play your plan with the children—who will get the sign, how they will get it, and how to take it to another adult. The sign can also be used when you cannot leave an ill child.

Other Problems

Sometimes you may suspect a child has a minor physical problem such as pinworms, lice, or a more serious problem such as hearing loss. Speak to the parents about the problems. It is best to do so in person and certainly in private.

Your attitude must not put the parents on the defensive or alarm them. Simply explain that you suspect the child has a problem and point out the reasons why. State that you feel the child should be seen by a medical person. If the parents do not do anything about the possible problem, call your local Public Health Department for further information.

Occasionally, you will find a child who shows up too often with unexplained bruises, cuts, or burns. These might be the result of neglect or abuse by an adult.

You are required by law to report suspected cases of child abuse to the Texas Department of Human Services or the local police. The law will protect you from liability, and officials will keep reports private. Do not call the parents if you suspect child abuse. Let the authorities take care of it for you.

Providing Information to Others

Information about illnesses or accidents should always be given to the child's parents. Sometimes

other staff or other parents also need information. For example, in the case of contagious diseases, you will want to alert others.

Talking With the Child's Parents

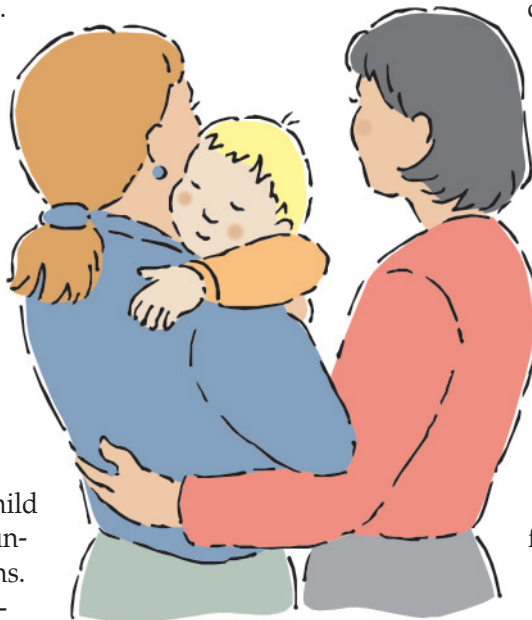
Any time a child needs medical attention you should give the parents a record of what happened to the child. Ideally, you should have three copies: one for you, one for the physician, and one for the parents. If a child stopped taking liquids at 1 p.m., started vomiting at 2 p.m., and ran a fever of 102 degrees at 1:30 p.m., the physician and the parents need to know it. They also need to know what you did to help the child.

Keep a record of all accidents requiring emergency or a physician's care. Questions can always arise in accident cases, and insurance companies may be involved. Note accident information on a piece of paper or make a form to record it. The information you record should include the following:

- ❁ child's name
- ❁ what happened-when
- ❁ how the parent was notified-when
- ❁ what kind of care was provided - when
- ❁ results of the care - when
- ❁ doctor consulted - when

Parents should know about any records or information you keep on a child. Under the open records law, parents have the right to see any such records.

You should also be prepared to tell the parents where to go for extra help if they do not have a



family doctor. The local Public Health Department or the licensing representative from DHS can tell you the names and numbers of people to call.

Talking With Other Staff

Any time a contagious disease occurs in your center, you will need to inform the staff and plan actions to deal with the problem. Some of the things you should discuss are:

- ❁ What are the symptoms of the disease?
- ❁ What is the incubation period of the disease?
- ❁ How long may it take for other cases to show up?
- ❁ How will you notify all the parents that their children have been exposed to a contagious disease?
- ❁ What kind of action can you take to prevent the disease from spreading?
- ❁ Can or should the rest of the children be immunized against the disease?
- ❁ What are the local public health department regulations covering contagious diseases and quarantine?

A child in your room may have an illness affecting the things the child can do. For example, a child who has had an operation may not be able to play actively outside, or a child who has had ear problems may have trouble hearing. Let other teachers know about things of this type so they can understand and help the child also.

Notifying Other Parents

When any children are exposed to a communicable disease, the parents should be notified. Written notices, hand delivered to the parents at pick-up time, are ideal. Written notices attached to each child's clothing are a possibility. Phoning each parent to explain the health problem is another possibility. A typical letter or notice might read:

Dear Parent:

On Tuesday, July 24, your child may have been exposed to chicken pox.

It usually takes 13 to 17 days for a child to break out with chicken pox. Please watch your child carefully for symptoms which are usually fever and small crops of blisters.

Thank You

Ms. Johnson

Follow-up

Following-up after a child has been ill is important. Consider written reports as well as medication or other help the child may need.

Follow-up Written Reports

One of your responsibilities is to be sure that a child's attendance and activities will not endanger the child's health. Any child who returns after an illness should have a follow-up written report. Ask the parents about the following:

- ❁ what illness, accident, or injury the child had
- ❁ what medication is needed, if any
- ❁ any problems the child might have
- ❁ any special needs
- ❁ any activities which should be limited

This follow-up report can be added to the accident or illness report in the child's folder. If the child was injured or became ill while at home, write a follow-up note for the child's file.

When a Child Returns

Be aware of the following special rules covering the return of children to a group care center or school after they have had communicable or disabling diseases.

Communicable Diseases

When a child recovers from a communicable disease, local public health department recommendations govern the time and conditions under which the child is allowed to return to school. These requirements should be followed.

Medications

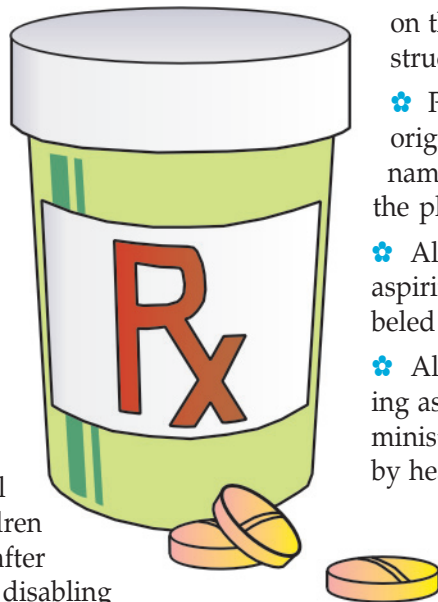
A child who has been ill may still need to take medicine. Some children may have to take medication on a regular basis. You need to be especially cautious when giving medication to children in your care. To protect both you and the children, consult your local DHS licensing representative for current standards regarding medications. The following list is simply a general guide:

- ❁ Medications and special medical procedures should be given to a child only on the written, dated, and signed request of a licensed physician.

The original label

on the container with the physician's instructions is acceptable.

- ❁ Prescription medications must be in the original container labeled with the child's name, date, instructions, and the name of the physician.
- ❁ All non-prescription medication, except aspirin or aspirin substitute, must be labeled with the child's name and dated.
- ❁ All non-prescription medication, including aspirin or aspirin substitute, may be administered to the child only when approved by health personnel or the child's parents.



- ❁ Medicine must be kept out of reach of children, preferably in a locked storage area.

- ❁ Medications requiring refrigeration should be kept separate from food.
- ❁ Medicines must be returned to parents when no longer needed.
- ❁ Medications must be disposed of properly when a child withdraws from the center, or when the medicine is out of date.

Summary

Your knowledge of the signs and symptoms of illness is important in helping a sick child and protecting other children. The information you give to parents and medical persons can help in identifying the problems and treating the child. The more you know and the better prepared you are for handling illness, the smoother and easier things will be when a child gets sick.