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representing NC's private licensed child care & education community

**TOP
PRIORITY**

Rule .0802 Annual Update for Child's Medical Information

Background

This rule proposal comes as a recommendation from child care health consultants.

It is also incorporated in rule .2508 for school aged children and rule .1718 for family child care homes, although the proposed text for those rules is not included here.

Our position on the INTENT of the rule:

- We are not sure of the original intent of this rule, and are not sure if there was an incident that happened to trigger this proposal.

Our feedback from providers has been:

- *Policies* should give parents have an *opportunity* to update their child's information as often as necessary, and in some cases multiple times in a year.
- Parents should not be required to update a form *simply because 365 days have passed*.
- This rule will result in an *increased cost*, through administrative time, paper and ink, since it often takes *multiple reminders* and copies of the form sent home in cubbies before parents respond.
- Providers are already required to keep so much documentation that parents sometimes get frustrated with constant demands for signatures. This is *adding to the paperwork burden*.

Questions that have been posed are:

- What if the information HAS been updated within the last year, but the information is still not current?
- Why would we object to this rule, yet be in support of the same requirement for staff, substitutes and volunteers as proposed in rules .0701 and .0702? Protection of the children is a priority, and a change in health status for a staff member can impact a whole classroom full of children. In addition, staff medical information is already updated annually, so it's not adding a paperwork burden.

NCLCCA Position: Rule .0802 (b) should not be changed to require annual updates. Instead, these "best practice" recommendations should be incorporated into child care programs in other ways, such as the Child Care Handbook, included in Early Childhood Credential and Administration coursework, and addressed in DCD trainings such as pre-licensing workshops and Director's Meetings.

10A NCAC 09 .0802 is proposed for amendment as follows:

10A NCAC 09 .0802 EMERGENCY MEDICAL CARE

(a) Each child care center shall have a written plan which assures that emergency medical care is available or can be obtained for children. The plan shall be reviewed during staff orientation with new staff and with all staff at least twice each year. This plan shall give the procedures to be followed to assure that any child who becomes ill or is injured and requires medical attention while at the center, or while participating in any activity provided or sponsored by the center, receives appropriate medical attention. The following information shall be included in the center's emergency medical care plan:

- (1) The name, address, and telephone number of a health care professional; ~~physician, nurse, physician's assistant, nurse practitioner~~, community clinic, or local health department that is available to provide medical consultation;
- (2) The name, address, and telephone number of the emergency room to be used when the parents or ~~family physician~~ family's health care professional cannot be reached or when transporting the ill or injured child to the person's preferred hospital could result in serious delay in obtaining medical attention;
- (3) Designation of a means of transportation always available for use in the event of a medical emergency;
- (4) The name of the person, and his or her alternate, at the center, responsible for determining which of the following is needed, carrying out that plan of action, and assuring that appropriate medical care is given:
 - (A) Simple first aid given at the center for an injury or illness needing only minimal attention;
 - (B) Advice from previously identified medical consultant in order to decide if care is to be given at the center or if the ill or injured child is to be transported to a designated medical resource; or
 - (C) Immediate transportation of the child to a designated medical resource for appropriate treatment;
- (5) The person(s) at the center responsible for:
 - (A) Assuring that the signed authorization described in Paragraph (c) of this Rule is taken with the ill or injured child to the medical facility;
 - (B) Accompanying the ill or injured child to the medical facility;
 - (C) Notifying a child's parents or emergency contact person about the illness or injury and where the child has been taken for treatment;
 - (D) Notifying the medical facility about the ill or injured child being transported for treatment; and
 - (E) Obtaining substitute staff, if needed, to maintain required staff/child ratio and adequate supervision of children who remain in the center;
- (6) A statement giving the location of the telephone located on the premises which is in good working condition and is always available for use in case of emergency. Telephone numbers for the fire department, law enforcement office, emergency medical service, and poison control center shall be posted near the telephone. A telephone located in an office in the center that is sometimes locked during the time the children are present cannot be designated for use in an emergency.

(b) Emergency medical care information shall be on file for each individual child. That information shall include the name, address, and telephone number of the parent or other person to be contacted in case of an emergency, the responsible party's choice of health care ~~provider, professional~~ and preferred hospital; any chronic illness the individual has and any medication taken for that illness; and any other information that has a direct bearing on assuring safe medical treatment for the child. This emergency medical care information shall be on file in the center on the child's first day of ~~attendance.~~ attendance and shall be updated at least annually.

(c) Each child's parent, legal guardian, or full-time custodian shall sign a statement authorizing the center to obtain medical attention for the child in an emergency. That statement shall be on file on the first day the child attends the center. It shall be easily accessible to staff so that it can be taken with the child whenever emergency medical treatment is necessary.

(d) An incident report shall be completed each time a child receives medical treatment by a ~~physician, nurse, physician's assistant, nurse practitioner,~~ health care professional, community clinic, or local health department, as a result of an incident occurring while the child is at the child care center. This incident report shall include, at a minimum: child's name, date and time of incident, part of body injured, type of injury, names of adult witnesses to incident, description of how and where incident occurred, piece of equipment involved (if any), treatment received and steps taken to prevent reoccurrence. This report shall be signed by the person completing it and by the parent, and maintained in the child's file. A copy of the incident report shall be mailed to a representative of the Division within seven calendar days after treatment.

(e) An incident log shall be completed any time an incident report is completed. This log shall be cumulative and maintained in a separate file and shall be available for review by a representative of the Division. This log shall be completed on a form provided by the Division.

History Note: Authority G.S. 110-85; 110-91(1),(9); 143B-168.3;

Eff. January 1, 1986;

Amended Eff. April 1, 2010; July 1, 1998; January 1, 1996; October 1, 1991; November 1, 1989.