

Appendix B:
Hand Washing

Staff and volunteers must thoroughly wash their hands with soap and running water:

- At the beginning of each day.
- Before and after the administration of medications.
- When they are dirty.
- After toileting or assisting children with toileting.
- After changing a diaper.
- Before and after food handling or eating.
- After handling pets or other animals.
- After contact with any bodily secretion or fluid.
- After coming in from outdoors.

Staff and volunteers must ensure that children thoroughly wash their hands or assist children with thoroughly washing their hands with soap and running water:

- When they are dirty.
- After toileting.
- Before and after food handling or eating.
- After handling pets or other animals.
- After contact with any bodily secretion or fluid.
- After coming in from outdoors.

All staff, volunteers and children will wash their hands using the following steps:

- 1) Moisten hands with water and apply liquid soap.
- 2) Rub hands with soap and water for at least 30 seconds – remember to include between fingers, under and around fingernails, backs of hands, and scrub any jewelry.
- 3) Rinse hands well under running water with fingers down so water flows from wrist to fingertips.
- 4) Leave the water running.
- 5) Dry hands with a disposable paper towel or approved drying device.
- 6) Use a towel to turn off the faucet and, if inside a toilet room with a closed door, use the towel to open the door.
- 7) Discard the towel in an appropriate receptacle.
- 8) Apply hand lotion, if needed.

When soap and running water is not available and hands are visibly soiled, individual wipes may be used in combination with hand sanitizer. The use of hand sanitizers on children under the age of 2-years is prohibited.

Appendix C:

Diapering

Diapering will be done only in the selected diapering area. Food handling is not permitted in diapering areas.

Surfaces in diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices. All containers of skin creams and cleaning items are labeled appropriately and stored off the diapering surface and out of reach of children.

Diapers will be changed using the following steps:

- 1) Collect all supplies but keep everything off the diapering surface except the items you will use during the diapering process. Prepare a sheet of non-absorbent paper that will cover the diaper changing surface from the child's chest to the child's feet. Bring a fresh diaper, as many wipes as needed for this diaper change, non-porous gloves, and a plastic bag for any soiled clothes.
- 2) Wash hands and put on gloves. Avoid contact with soiled items. Items that come in contact with items soiled with stool or urine will have to be cleaned and sanitized. Carry the baby to the changing table, keeping soiled clothing from touching the staff member's or volunteer's clothing. Bag soiled clothes and, later, securely tie the plastic bag to send the clothes home.
- 3) Unfasten the diaper but leave the soiled diaper under the child. Hold the child's feet to raise the child out of the soiled diaper and use disposable wipes to clean the diaper area. Remove stool and urine from front to back and use a fresh wipe each time. Put the soiled wipes into the soiled diaper. Note and later report any skin problems.
- 4) Remove the soiled diaper. Fold the diaper over and secure it with the tabs. Put it into a lined, covered, or lidded can and then into an outdoor receptacle or one out of reach of children. If reusable diapers are being used, put the diaper into the plastic-lined covered or lidded can for those diapers or in a separate plastic bag to be sent home for laundering. Do not rinse or handle the contents of the diaper.
- 5) Check for spills under the baby. If there is visible soil, remove any large amount with a wipe, then fold the disposable paper over on itself from the end under the child's feet so that a clean paper surface is now under the child.
- 6) Remove your gloves and put them directly into the covered or lidded can.
- 7) Slide a clean diaper under the baby. If skin products are used, put on gloves, and apply product. Dispose of gloves properly. Fasten the diaper.
- 8) Dress the baby before removing him/her from the diapering surface.
- 9) Clean the baby's hands, using soap and water at a sink if you can. If the child is too heavy to hold for hand washing and cannot stand at the sink, use disposable wipes or soap and water with disposable paper towels to clean the child's hands. Take the child back to the child care area.
- 10) Clean and disinfect the diapering area:
 - Dispose of the table liner into the covered or lidded can.
 - Clean any visible soil from the changing table.
 - Spray or wipe the table so the entire surface is wet with an Environmental Protection Agency (EPA)-registered product, following label directions for disinfecting diapering surfaces.
 - Leave the product on the surface for time required on the label, then wipe the surface or allow it to air dry.
- 11) Wash hands thoroughly.

Appendix D:

Safety Precautions Related to Blood

All staff will follow standard precautions when handling blood or blood-contaminated body fluids.

These are:

- a) Disposable gloves must be immediately available and worn whenever there is a possibility for contact with blood or blood-contaminated body fluids.
- b) Staff are to be careful not to get any of the blood or blood-contaminated body fluids in their eyes, nose, mouth, or any open sores.
- c) Clean and disinfect any surfaces, such as countertops and floors, onto which blood has been spilled.
- d) Discard blood-contaminated material and gloves in a plastic bag that has been securely sealed. Clothes contaminated with blood must be returned to the parent at the end of the day.
- e) Wash hands using the proper hand washing procedures.

In an emergency, a child's well-being takes priority. A bleeding child will not be denied care even if gloves are not immediately available.

Appendix E:

Cleaning, Sanitizing and Disinfecting

Equipment, toys, and objects used or touched by children will be cleaned and sanitized or disinfected, as follows:

1. Equipment that is frequently used or touched by children daily must be cleaned and then sanitized or disinfected, using an EPA-registered product, when soiled and at least once weekly.
2. Carpets contaminated with blood or bodily fluids must be spot cleaned.
3. Diapering surfaces must be disinfected after each use, with an EPA-registered product following labels direction for disinfecting diapering surfaces.
4. Countertops, tables, and food preparation surfaces (*including cutting boards*) must be cleaned and sanitized before and after food preparation and eating.
5. Potty chairs must be emptied and rinsed *after each use* and cleaned and then sanitized or disinfected *daily* with a disinfectant with an EPA-registered product following label direction for that purpose. If more than one child in the program uses the potty chair, the chair must be emptied, rinsed, cleaned, and sanitized or disinfected with an EPA-registered product *after each use*. Potty chairs must not be washed out in a hand washing sink, unless that sink is cleaned, then disinfected after such use.
6. Toilet facilities must always be kept clean, and must be supplied with toilet paper, soap and towels accessible to the children.
7. All rooms, equipment, surfaces, supplies and furnishings accessible to children must be cleaned and then sanitized or disinfected, using an EPA-registered product following labels direction for that purpose, as needed to protect the health of children.
8. Thermometers and toys mouthed by children must be washed and disinfected using an EPA-registered product following labels direction for that purpose before use by another child.

Sanitizing and Disinfecting Solutions

Unscented chlorine bleach is the most commonly used sanitizing and disinfecting agent because it is affordable and easy to get. The State Sanitary Code measures sanitizing or disinfecting solution in "parts per million," but programs can make the correct strength sanitizing or disinfecting solution (*without having to buy special equipment*) by reading the label on the bleach container and using common household measurements.

Read the Label

Sodium hypochlorite is the active ingredient in chlorine bleach. Different brands of bleach may have different amounts of this ingredient: *the measurements shown in this appendix are for bleach containing 6 percent to 8.25 percent sodium hypochlorite*. The only way to know how much sodium hypochlorite is in the bleach is by reading the label. Always read the bleach bottle to determine its concentration before buying it. If the concentration is not listed, you should not buy that product.

Use Common Household Measurements

Using bleach that contains 6 percent to 8.25 percent sodium hypochlorite, programs need to make two standard recommended bleach solutions for spraying nonporous or hard surfaces and a separate solution for soaking toys that have been mouthed by children. Each spray bottle should be labeled with its respective mixture and purpose. Keep it out of children's reach. The measurements for each type of sanitizing or disinfecting solution are specified on the next page.

SPRAY BLEACH SOLUTION #1 (for food contact surfaces)

Staff will use the following procedures for cleaning and sanitizing nonporous hard surfaces such as tables, countertops, and highchair trays:

1. Wash the surface with soap and water.
2. Rinse until clear.
3. Spray the surface with a solution of **½ teaspoon of bleach to 1 quart of water** until it glistens.
4. Let sit for two minutes.
5. Wipe with a paper towel or let air-dry.

SPRAY BLEACH SOLUTION #2 (for diapering surfaces or surfaces that have been contaminated by blood or bodily fluids)

Staff will use the following procedures for cleaning and disinfecting diapering surfaces or surfaces that have been contaminated by blood or bodily fluids:

1. Put on gloves.
2. Wash the surface with soap and water.
3. Rinse in running water until the water runs clear.
4. Spray the surface with a solution of **1 tablespoon of bleach to 1 quart of water** until it glistens.
5. Let sit for two minutes.
6. Wipe with a paper towel or let air-dry.
7. Dispose of contaminated cleaning supplies in a plastic bag and secure.
8. Remove gloves and dispose of them in a plastic-lined receptacle.
9. Wash hands thoroughly with soap under running water.

SOAKING BLEACH SOLUTION (for sanitizing toys that have been mouthed)

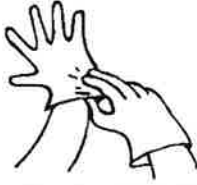




Staff will use the following procedure to clean and sanitize toys that have been mouthed by children:

1. Wash the toys in warm soapy water, using a scrub brush to clean crevices and hard-to-reach places.
2. Rinse in running water until water runs clear.
3. Place toys in soaking solution of **1 teaspoon of bleach to 1 gallon of water**.
4. Soak for five minutes.
5. Rinse with cool water.
6. Let toys air-dry.

When sanitizing or disinfecting equipment, toys and solid surfaces, the program will use **(check all that apply; at least one MUST be selected):**

- EPA-registered product approved for sanitizing and disinfecting, following manufacturer instructions for mixing and application
- Bleach solution made fresh each day
 - Spray solution #1: **½ teaspoon of bleach to 1 quart of water.**
 - Spray solution #2: **1 tablespoon of bleach to 1 quart of water.**
 - Soaking solution: **1 teaspoon of bleach to 1 gallon of water.**

Appendix F:
Gloving

DONNING	
1. Wash hands.	
2. Put on a clean pair of gloves. Do not reuse gloves.	
REMOVAL and DISPOSAL	
1. Remove the first glove by pulling at the palm and stripping the glove off. The entire outside surface of the gloves is considered dirty. Have dirty surfaces touch dirty surfaces only.	
2. Ball up the first glove in the palm of the other gloved hand.	
3. Use the non-gloved hand to strip the other glove off. Insert a finger underneath the glove at the wrist and push the glove up and over the glove in the palm. The inside surface of your glove and your ungloved hand are considered clean. Be careful to touch clean surfaces to clean surfaces only. <i>Do not touch the outside of the glove with your ungloved hand.</i>	
4. Drop the dirty gloves into a plastic-lined trash receptacle.	
5. Wash hands.	

Appendix F

Glove use does not replace hand washing. Staff must always wash their hands after removing and disposing of medical gloves.

Appendix G:
Medical Emergency

- Remain calm. Reassure the child (victim) and the other children at the scene.
- If the area is unsafe, move to a safe location.
- Follow first aid and/or CPR protocols.
- Call for emergency medical services/911. Give all the important information slowly and clearly. To make sure that you have given all the necessary information, wait for the other party to hang up first. If an accidental poisoning is suspected, contact the **National Poison Control Hotline** at **1-800-222-1222** for help.
- Follow instructions given by the emergency operator.
- Send emergency contact information and permission to obtain emergency care when the child is transported for emergency care.
- Notify parent of the emergency as soon as possible. If the parent can't be reached, notify the child's emergency contact person.
- After the needs of the child and all others in care have been met, immediately notify OCFS if the emergency involved death, serious incident, serious injury, serious condition, communicable illness (as identified on the New York State Department of Health list **[DOH-389]** accessible at https://health.ny.gov/forms/instructions/doh-389_instructions.pdf) or transportation to a hospital, of a child that occurred while the child was in care at the program or was being transported by a caregiver.

Appendix H: Trained Administrant

License number: 730605	If this form is submitted to OCFS separate from the health care plan, indicate date of submission: / /
---------------------------	--

A copy of this form can be sent separately to OCFS if the program's health care plan has already been approved and the only change to the plan is the addition or removal of a medication administrant or an update to information for a current medication administrant. With any medication administrant addition, removal or change, program's health care consultant and OCFS must be notified.

All staff listed as Medication Administrant(s) (MAT) must have first aid and CPR certificates that cover the ages of the children in care. Documentation of age-appropriate first aid and CPR certificates will be kept on site and is available upon request. Use the chart below to identify staff trained to administer emergency patient-specific medications, and non-patient-specific and/or patient-specific prescribed medications. ***EMAO patient-specific, Stock non-patient-specific.**

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) *Patient-specific	Stock Date Epinephrine Auto-injector *Non-patient-specific
Erica Giddens						
Original	Add	2 /18/ 24	2 /18/ 24	2 /18/ 24	/ /	/ /
Language	English					
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:	SW	Date: 01 /08/ 23				

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) *Patient-specific	Stock Date Epinephrine Auto-injector *Non-patient-specific
Melanie Hanna						
Original	Add	12/14/24	12/05/ 2024	12/05/ 2024	/ /	/ /
Language	English					
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:	SW	Date: 01 /08/ 23				

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) *Patient-specific	Stock Date Epinephrine Auto-injector *Non-patient-specific
Denna Hubbard						
Original	Add	10/10/23	10/10/23	10/ 10/ 23	/ /	/ /
Language	English					
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:	SW	Date: 01 /08/ 23				

Appendix H

Appendix H: Trained Administrant

License number: 730605	If this form is submitted to OCFS separate from the health care plan, indicate date of submission: / /
---------------------------	--

A copy of this form can be sent separately to OCFS if the program's health care plan has already been approved and the only change to the plan is the addition or removal of a medication administrant or an update to information for a current medication administrant. With any medication administrant addition, removal or change, program's health care consultant and OCFS must be notified.

All staff listed as Medication Administrant(s) (MAT) must have first aid and CPR certificates that cover the ages of the children in care. Documentation of age-appropriate first aid and CPR certificates will be kept on site and is available upon request. Use the chart below to identify staff trained to administer emergency patient-specific medications, and non-patient-specific and/or patient-specific prescribed medications. ****EMAO patient-specific, Stock non-patient-specific.***

Name: Erica Giddens	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	02/18/24	01/19/25	1/19/25	/ /	/ /
Language					/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name: Latisha Beckett	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	6/16/26	3/30/25	3/30/25	/ /	/ /
Language					/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name: Joanna Haulch	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	6/14/26	3/30/25	3/30/25	/ /	/ /
Language					/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Appendix H

Name: Maggie Orellana	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	6/16/26	3/30/25	3/30/25	/ /	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name: Stephanie Sanders	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	6/14/26	8/8/24	8/8/24	/ /	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name: Tatiana Ferman	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	6/16/26	2/16/25	2/16/25	/ /	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	/ /	/ /	/ /	/ /	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	/ /	/ /	/ /	/ /	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	/ /	/ /	/ /	/ /	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	/ /	/ /	/ /	/ /	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO Date (Emergency Medication Administration Overview) <i>*Patient-specific</i>	Stock Date Epinephrine Auto-injector <i>*Non-patient-specific</i>
Original	Add	/ /	/ /	/ /	/ /	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

The following individual(s) has a professional license or certificate that exempts him/her from the training requirements to administer medication. Copies of the individual(s)' credentials are attached and will be sent to OCFS.

Name:		License/Certificate (check one): <input type="checkbox"/> EMT-CC <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> MD <input type="checkbox"/> DO			
	A=Add R=Remove C=Change	License Exp date	CPR Exp date	HCC Initials	Date
Original	Add				
Language		/ /	/ /		/ /
Renewal		/ /	/ /		/ /
Renewal		/ /	/ /		/ /
Renewal		/ /	/ /		/ /

Name:		License/Certificate (check one): <input type="checkbox"/> EMT-CC <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> MD <input type="checkbox"/> DO			
	A=Add R=Remove C=Change	License Exp date	CPR Exp date	HCC Initials	Date
Original	Add				
Language		/ /	/ /		/ /
Renewal		/ /	/ /		/ /
Renewal		/ /	/ /		/ /
Renewal		/ /	/ /		/ /

Name:		License/Certificate (check one): <input type="checkbox"/> EMT-CC <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> MD <input type="checkbox"/> DO			
	A=Add R=Remove C=Change	License Exp date	CPR Exp date	HCC Initials	Date
Original	Add				
Language		/ /	/ /		/ /
Renewal		/ /	/ /		/ /
Renewal		/ /	/ /		/ /
Renewal		/ /	/ /		/ /

Name:		License/Certificate (check one): <input type="checkbox"/> EMT-CC <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> MD <input type="checkbox"/> DO			
	A=Add R=Remove C=Change	License Exp date	CPR Exp date	HCC Initials	Date
Original	Add				
Language		/ /	/ /		/ /
Renewal		/ /	/ /		/ /
Renewal		/ /	/ /		/ /
Renewal		/ /	/ /		/ /

Appendix H

CCFS Number: _____

Appendix I:
Revisions

Use this section to record the date and page number(s) of any revisions made to the original health care plan. When a revision (*change, addition, or deletion*) is made to the original health care plan, record the date the change was made and then write the page numbers of any pages affected by the change and submit to OCFS.

DATE OF REVISION	PAGE(S)	HCC INITIALS
01/08 / 23	22, 24,25,34,35,39	SW
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

Appendix I

Appendix J:

Administration of Non-Patient-Specific Epinephrine Auto-injector device

- The program will purchase, acquire, possess, and use non-patient-specific epinephrine auto-injector devices for emergency treatment of a person appearing to experience anaphylactic symptoms.

The program agrees to the following:

- The program will designate one or more employee(s) or caregiver(s) who have completed the required training to be responsible for the storage, maintenance, control, and general oversight of the non-patient-specific epinephrine auto-injector devices acquired by the program. The designated employee(s) or caregiver(s) may not use a non-patient-specific epinephrine auto-injector device on behalf of the program until he or she has successfully completed a training course in the use of epinephrine auto-injector devices conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or by an entity, or individual approved by DOH, or is directed in a specific instance to use an epinephrine auto-injector device by a health care practitioner who is authorized to administer drugs and who is acting within the scope of his or her practice. The required training must include: (i) how to recognize signs and symptoms of severe allergic reactions, including anaphylaxis; (ii) recommended dosage for adults and children; (iii) standards and procedures for the storage and administration of epinephrine auto-injector devices; and (iv) emergency follow-up procedures.
- Verification that each designated employee or caregiver has successfully completed the required training will be kept on-site and available to OCFS or its representatives.
- Each designated employee or caregiver will be recorded on **Appendix H** and updated as needed.
- The program will obtain a non-patient-specific prescription for an epinephrine auto-injector device from a health care practitioner or pharmacist who is authorized to prescribe an epinephrine auto-injector device.
- The program will obtain the following epinephrine auto-injector devices (check all that apply):
 - Infants and Toddlers (generally up to age 3) = 0.1mg dose (16.5lbs to 33lbs)
 - Child (generally ages 3yrs - 8yrs) = 0.15mg dose (33lbs to 66lbs)
 - Older Child/Adult (generally persons over 8yrs of age) = 0.30mg dose (over 66lbs)
- For children weighing less than 16.5 lbs., the program will **NOT** administer epinephrine auto-injector and will call 911.
- The program will check the expiration dates of the epinephrine auto-injector devices and dispose of units before each expires. How often will the program check the expiration date of these units?
 - Every three-months
 - Every six-months
 - Other:

Appendix J

- Specify name and title of staff responsible for inspection of units: ERICA GIDDENS
- The program will dispose of expired epinephrine auto-injectors at:
 - A licensed pharmacy, health care facility or a health care practitioner's office.
 - Other:
- The program understands that it must store the epinephrine auto-injector device in accordance with all the following:
 - In its protective plastic carrying tube in which it was supplied (original container)
 - In a place that is easily accessed in an emergency
 - In a place inaccessible to children
 - At room temperature between 68° and 77° degrees
 - Out of direct sunlight
 - In a clean area
 - Store separately from child-specific medication
- Specify location where devices will be kept: Clear locked box that is secured to the wall in a central location. Each device is clearly labeled.
- Stock medication labels must have the following information on the label or in the package insert:
 - Name of the medication
 - Reasons for use
 - Directions for use, including route of administration
 - Dosage instructions
 - Possible side effects and/or adverse reactions, warnings, or conditions under which it is inadvisable to administer the medication, and expiration date
- The program will call 911 immediately and request an ambulance after the designated employee or caregiver administers the epinephrine auto-injector device.
- A *Log of Medication Administration*, **OCFS-LDSS-7004** will be completed after the administration of the epinephrine auto-injector device to any day care child.
- If an epinephrine auto-injector device is administered to a child experiencing anaphylaxis, the program will report the incident immediately to the parent of the child and OCFS (Regional or Borough office). The following information should be reported:
 - Name of the epinephrine auto-injector device
 - Location of the incident
 - Date and time epinephrine auto-injector device was administered
 - Name, age, and gender of the child (to OCFS only)
 - Number and dose of the epinephrine auto-injector administered
 - Name of ambulance service transporting child
 - Name of the hospital to which child was transported

Program Name: Harbor Child Care @ Glen Cove

Facility ID Number: 730605

Director or Provider Name (Print): Erica Giddens

Director or Provider Signature: Erica Giddens

Date: / /

Once completed, keep this form on-site as part of the health care plan, share with any health care consultant associated with the program and send a signed copy to your [Regional Office/Borough Office](#) licensor or registrar.

**The University of the State of New York
Education Department
Office of the Professions**

REGISTRATION CERTIFICATE

Do not accept a copy of this certificate

License Number: 399433-01

Certificate Number: 1515349



WHITE STACEY L
933 DERRICK ADKINS LA
WEST HEMPSTEAD NY 11552-0000

is registered to practice in New York State through 10/31/2024 as a(n)
REGISTERED PROFESSIONAL NURSE

Stacey White L
LICENSEE/REGISTRANT

Suzanne Sullivan
EXECUTIVE SECRETARY

Burt P...
COMMISSIONER OF EDUCATION
Sarah A. Benson
DEPUTY COMMISSIONER
FOR THE PROFESSIONS

This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit www.op.nysed.gov.