

Learning Circle Preschool

Health Care Policy

EEC regulations require a written health care policy statement provided to each staff member, and for copies of the policy to be available on site. Teachers will be trained in the implementation of this policy during staff orientations, and it will be reviewed annually.

The following information is posted at each telephone:

HEALTH CARE CONSULTANT:

Dr. Pauline Pappas, Milton Pediatrics Associates

Telephone: (781) 356-6200

Address: 340 Wood Road, Braintree, MA 02184

EMERGENCY TELEPHONE NUMBERS: CALL 911

Fire Dept: (781) 821-5095

Police: (781) 828-1212

Rescue: (781) 828-1212

Poison Prevention Center: 232-2120

HOSPITAL(S) UTILIZED FOR EMERGENCIES

Name: Milton Hospital

Telephone: 696-4600

Address: 92 Highland Avenue Milton

Procedures for Emergencies and Illness

1. Apply first aid as taught in course
2. Do not leave injured child unattended
3. Send child-messenger to get another teacher.
Have this other teacher go to the telephone, where she will:
 - a) Call 911
Be prepared to share information about the child's location, nature of the injury, and any other pertinent information
 - b) Take out the child's medical/health form.
 - c) Calmly and reassuringly call parent (mother or father) or persons designated to call in an emergency. Tell him/her the nature of the injury, that first aid has been given, and to meet the child and teacher at Milton Hospital.
 - d) Give teacher with injured child the health and authorization forms, and all emergency card information. The child's teacher will accompany the child to Milton Hospital with these forms and will remain there until parents or persons designated in an emergency arrive.

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4. Everyone: remember to be calm and reassuring to the injured child, as well as all the children in the class.

Emergency Procedures for Field Trips: In the case of field trips, the teachers shall carry with them all emergency information and contact numbers for each child. They shall also carry with them the appropriate first aid supplies, a list of telephone emergency numbers (police, rescue, etc.), a cell phone, and change for a pay phone.

PROCEDURES FOR UTILIZING FIRST AID EQUIPMENT

A box of first aid materials is kept in the office. It is clearly marked "First Aid". Teachers also keep first aid supplies in each classroom, to be used during outside play or for classroom needs.

In most cases, first aid is administered by the child's teacher, so that the child is as comfortable as possible. In the event that the teacher is unable to administer first aid, the Director may assist.

First aid equipment is maintained by the Director, who checks materials available at least monthly to assure that there is an adequate supply. If teachers notice that supplies are running low, they are encouraged to inform the Director.

In the case of field trips, the teachers carry a complete first aid kit, a list of telephone emergency numbers and information for all children, emergency numbers (police, rescue, poison control), a cell phone, and change for a pay phone.

Contents of the First Aid Kit

<u>adhesive strip bandages</u>	<u>gauze bandages, 4"x 4"</u>
<u>rolled flexible gauge</u>	<u>bandage tape</u>
<u>non-stick sterile pads</u>	<u>triangular bandages</u>
<u>small splints</u>	<u>eye dressing or pad</u>
<u>scissors</u>	<u>tweezers</u>
<u>safety pins</u>	<u>thermometer</u>
<u>flashlight with batteries</u>	<u>disposable gloves</u>
<u>3 ounce rubber bulb syringe</u>	<u>clean cloth</u>
(to rinse out eye wounds, etc.)	<u>small plastic cup</u>
<u>cold packs</u>	<u>pen, pencil, note pad</u>
<u>soap</u>	
<u>sealed cleansing wipes</u>	
<u>any special items for children with specific health issues</u>	
<u>emergency telephone guide</u>	<u>first aid cards</u>
<u>emergency contact information (phone numbers for children)</u>	
<u>change for pay phone</u>	

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Evacuation of the Building in Case of Emergency

In each classroom the emergency exit is clearly marked. In case of emergency:

- Each classroom teacher is responsible for the evacuation of children in his/her own classroom.
- In the event that a child with disabilities is enrolled in the class, one teacher will be designated as the person to assist that child directly during evacuation of the building. A plan will be made based on the specific issues and needs of the enrolled child, in consultation with the child's parents and with the Director.
- One teacher will be designated to stand with children who are lining up at the doorway for a quick head-count, and to lead those children out to the far end of the playground. This teacher will take the classroom attendance records with him/her to the line, to double-check the number of children in attendance that day and to verify that all children arrive outside together.
- One teacher will be designated to check bathrooms, cubbies, etc., for any children who do not line up with the group, to be certain that all children leave the building.
- Daily attendance will be taken in each classroom as soon as children arrive, and a record of attendance will be maintained by classroom teachers over the school year. Each month, a copy of this attendance will be filed in the office.

This same procedure is to be followed during all fire drills held throughout the year. The Director is responsible for assuring that these drills are held at different times of the program day and that each group has a fire drill at least every other month. The Director will also log the date, time, and effectiveness of each drill, and will keep this information posted in the school office.

Plan for Meeting the Individual Needs of Mildly Ill Children While in Care

When children require adjustments to the regular classroom routine in order to assure that their needs for food, drink, rest, and general comfort at school are met, the Director, the child's teachers and the child's parents will work together to develop a working plan.

When a child becomes ill at school, parents or designated adults are called to come and take the child home. Until someone arrives, the child can lie down in the library or office with pillows or blankets available if the child needs to be excluded from contact with other children. A teacher or the Director, will stay with the child while

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they are resting. If exclusion seems unnecessary, the child may choose to rest in the classroom “quiet space” or participate in quiet classroom activities until he or she is picked up.

Plan for Administering Medication to Children While in Care

No medication (prescription or non-prescription) is administered without the written order of a physician and written parent authorization. The physician may give a standing order listing the medication, dosage, and criteria for administration, to be valid for no more than one year from the date it was signed.

For non-prescription medications, a statement signed by the child's physician listing the medication, dosage, and criteria for its administration will be valid for no more than one year from the date it is signed. A parent may also authorize the school to administer non-prescription medication by submitting a signed statement authorizing the school to administer non-prescription medication in accordance with the written order of a physician. This statement will be valid for no more than one year after the date it is signed. To assure that all necessary information is provided to the school, parents will receive a copy of the “Medication Consent Form” and will be required to use it.

If a completed medication consent form is provided and there is a need to administer medication, an attempt will be made to contact the parent before the medication is administered, unless a child needs medication urgently or when contacting a parent will delay appropriate care unreasonably. Parents will be notified in writing each time a non-prescription medication is administered to a child. This does not apply to topical non-prescription medication which are not applied to open wounds, rashes, or broken skin.

Topical non-prescription medications (such as sunscreen) will only be administered to a child with written parental authorization. This authorization should be specific to both the type of medication and criteria for its use, and will be valid for no more than one year after the date it is signed.

Topical medications such as sunscreen, bug spray, and other ointments which are not applied to open wounds, rashes, or broken skin, may be generally administered to children with written parental authorization.

Topical medications such as petroleum jelly, and anti-bacterial ointments which are applied to wounds, rashes, or broken skin will be stored in a locked cabinet, in the original container, labeled with the child's name, and used only for individual children.

A written record of the administration of any medication will be kept, and will include the name of child, the time and date of each administration, the dosage, and the staff member administering medication. This will become part of the child's file.

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Unused medication is returned to parents.

Plan for Meeting Specific Health Care Needs

Information about identified allergies is kept on the child's medical history form and the developmental history forms on file in the office. The same information is posted in the specific child's classroom and, if there is a food allergy, in the office workspace where snacks are prepared.

If a child with allergies or other known medical conditions will be participating in a field trip, any special equipment and/or medication, emergency procedures to follow, and emergency telephone numbers, will be brought along by the child's teachers.

The Director and teachers will monitor the environment and make plans with parents to assure that children are protected from exposure to foods or allergens of concern. All chemicals are kept in locked closets, and are not in use while children are present.

Medical Forms to be On File

Medical records on file at the school include a written statement from a physician that indicates the child has had a complete physical within one year prior to admission, that the child has been successfully immunized in accordance with current Department of Public Health standards, and that a lead test has been completed. This physical examination is valid only for one year, and must be renewed thereafter. If either the physical examination or immunizations are objected to on the grounds of the religious beliefs of the parents, or if a physician feels that immunizations are contraindicated, then written documentation to that effect must be kept in the child's file. If it seems to the school staff that there are indications that a dental check-up or check of vision or hearing is warranted, then the school will request that the child be provided with the appropriate check-ups.

Making a Report of Child Abuse or Neglect

Any physician, medical intern, medical examiner, dentist, nurse, public or private school teacher, educational administrator, guidance or family counselor, social worker, or policeman, who in their professional capacity shall have reasonable cause to believe that a child under 18 is suffering serious physical or emotional injury resulting from abuse inflicted upon him including sexual abuse or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth, shall immediately report such conditions to the Department of Social Services by oral communication and also by filing a written report within 48 hours. The current Child abuse Hotline number is **1-800-792-5200**.

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When you telephone a DSS Protective Screening Unit to make a report of possible child abuse or neglect, you will be asked to give, to the fullest extent possible, the following information:

1. The name(s), address, present whereabouts, date of birth or estimate of age, and sex of the reported child(ren) and of any other children in the household.
2. The names, addresses, and telephone numbers of the child's parents or other persons responsible for the child's care.
3. The principle language spoken by the child and the child's caretaker.
4. Your name, address, telephone number, profession, and relationship to the child.(Non-mandated reporters may request anonymity).
5. The full nature and extent of the child's injuries, abuse or neglect.
6. Any indication of prior injuries, abuse or neglect.
7. An assessment of the risk of further harm to the child, and if a risk exists, whether it is imminent.
8. If the above information was given to you by a third party, the identity of that person, unless anonymity was requested.
9. The circumstances under which you first became aware of the child's alleged injuries, abuse or neglect.
10. The action taken, if any, to treat, shelter, or assist the child.

Remember that mandated reporters must follow up a verbal report by a written report within 48 hours.

Signs of Child Abuse

You may suspect abuse when the child:

- shows sudden behavior changes or erratic behavior
- becomes withdrawn
- is hostile or extremely aggressive
- fears going home at the end of the day
- is suspicious of others, as if fearing harm

You may suspect emotional maltreatment if the child:

- cannot interact socially, has low self-esteem, is listless, apathetic or depressed, cannot respond to normal adult behavior
- has a parent who treats the child in unusual or abnormal ways, such as refusing to care for or talk to the child, treating the child as an object, keeping the child from normal social experiences, punishing the child for normal behavior, and/or thinking or feeling in a consistently negative way about the child.

You may expect physical abuse if the child:

- has bruises, broken bones, lacerations, puncture marks, swollen areas, missing hair, or bite or burn marks
- has frequent signs of injuries

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- has different injuries in various stages of healing
- or parent gives odd or impossible explanations for injuries
- is frequently tardy or absent
- receives overdue, unsuitable, or no treatment for injuries

You may suspect physical neglect if the child:

- is anxious about his or her survival
- lacks energy or is overactive
- is unable to concentrate or to play
- has trouble learning
- often seeks attention
- is hungry or dirty or wears dirty clothes

You may suspect sexual abuse if the child:

- has physical signs - pain in or injury to the mouth or the genital area; irritated, reddened, or itching genitals; urinary infections or difficulty with urination; unusual odors
- has behavior changes - fear of a person or certain places; clinging, anxiety, irritability; sudden interest in the genitals of others; unsuitable sexual activity for the child's age; acting out sexual behavior with toys or animals; a return to infantile behavior

(from American Red Cross Child Care Course)

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Prevention of Abuse and Neglect

All staff are mandated reporters and shall report suspected child abuse or neglect. The report shall be made to the Department of Social Services pursuant to M.G.I. 119 Section 51A, or to the Director, who will immediately make the report to DSS and OCCS.

The Director will notify EEC after filing a 51A report, or after learning that a 51A has been filed, alleging abuse or neglect of a child while in the care of the program or during a program related activity.

The Learning Circle Preschool will cooperate fully in all investigations of abuse and neglect, including identifying parents of children currently or previously enrolled in the program. The Learning Circle will provide consent for disclosure to EEC of information from, and will allow EEC to disclose information to, any person and/or agency EEC may specify as necessary to the investigation of allegations and protection of children.

As outlined in the Personnel Policies of the Learning Circle Preschool Handbook, the verbal or physical abuse of a child is a case of gross misconduct and will result in an employee's immediate dismissal. If an allegation of child abuse or neglect is made against an employee, that employee may be placed on a short term suspension with pay pending an investigation. In no case will an employee work directly with children until the Department of Social Services investigation is completed and for such further time as the EEC requires. This type of suspension will of itself result in no prejudice towards the employee.

The Learning Circle Preschool Health Care Policy includes Chapter 14: Child Abuse and Neglect from Health and Safety in Child Care (Massachusetts Department of Public Health) in its entirety for annual review by the staff.

Injury Prevention Plan

All staff should hold current certification in basic first aid for young children by the American Red Cross. Newly hired staff will receive this training within six months of employment.

At least one staff person with current certification in CPR for young children is on site whenever children are present.

A well -equipped first aid supply is kept in the school office, and is maintained by the Director.

The staff has the responsibility of monitoring the classroom and playground daily for the necessity of repairs. The Director will support this process and organize the necessary follow-up.

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The central injury log is on file and is to be filled out in case of injury. This log will be reviewed periodically to monitor the safety record of the school.

Parents will be informed immediately of any injury that requires emergency care beyond minor first aid, and will be informed in writing of any first aid administered to their child within 24 hours of the incident. A completed injury report for any injury requiring first aid or emergency care will be maintained in the child's file and will include the name of the child, date, time, and location of the injury, description of the injury and how it occurred, names of witnesses, names of those who administered first aid, and a description of the first aid or medical care that was required.

The Director will notify EEC immediately by telephone of any death of a child, illness or injury requiring overnight hospitalization.

The Director will report any illness or injury that occurs at the center and requires medical treatment to EEC by submitting an Illness/Injury Report Form to the EEC licenser within three business days.

Illnesses that occur at the center will be noted on the Illness/Injury Log by the Director.

All toxic substances, poisonous plants, first aid supplies, medications, sharp objects, matches, or other hazardous objects will be kept in a secure place out of the reach of children. Cleaning substances are stored in a locked janitorial closet. Any medications or supplies that need to be kept in the classrooms will be stored in high locked cabinets.

No smoking is permitted in the school building.

Plan for Managing Infectious Disease

The staff reminds all children to wash hands upon arriving at school, after bathroom trips, before snacks and at additional times when deemed necessary. Children are encouraged to cover mouths for sneezes and coughs (using an arm) and tissues are readily available. Hand washing procedures are posted in the bathroom and sink room areas. These procedures will be periodically reviewed with the staff during the year, and observations of each classroom's hand washing routines will indicate that children and staff are learning and following appropriate hand washing procedures.

The Learning Circle Preschool follows exclusion policies for serious illnesses, contagious diseases and reportable diseases recommended by the Department of Public Health. A child may return to school after illness on the recommendation of

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the child's pediatrician, and when symptoms indicating the child is contagious have subsided. Refer to Criteria for excluding an ill or infected child from an early childhood program (Massachusetts Department of Public Health) for a list of specific criteria for common childhood diseases.

Mildly ill children will be excluded from the program if:

- The child's disease is highly communicable and other children may be exposed
- The child does not feel well enough to participate in the program
- The staff is unable to care for a child adequately
- A child has a temperature of 101 degrees F.
- A child has large loose stools or diarrhea
- A child has a heavy cough, apparent rash, or other visible signs of sickness

When a child becomes ill at school, parents or designated adults are called to come and take the child home. Until someone arrives, the child can lie down in the library or office with the pillows and blanket available if the child needs to be excluded from contact with other children. (A staff person will stay with the child while they are resting.) If exclusion seems unnecessary, the child may choose to rest in the classroom "quiet space" or participate in quiet activities until he or she is picked up.

All parents receive written notice when we are aware that a communicable disease has been introduced to the center. This notice includes basic information on symptoms to look for, and basic information on the disease. This information is also posted on classroom and hallway bulletin boards.

Plan for Infection Control

Hand-washing Procedures

Children should be supervised in their use the bathrooms and sinks.

Teachers should accompany children using these areas down the hall and offer any assistance needed, at the same time respecting each child's privacy.

After using the bathroom, both the child and the teacher assisting the child should thoroughly wash their hands, following the procedures that have been outlined and posted.

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Each teacher should remember to wash hands:

- when arriving at school
- before eating or handling food
- after toileting
- after coming into contact with body fluids and discharges
- after cleaning

Each child should wash hands:

- when arriving at school
- before eating or handling food
- after toileting
- after coming into contact with body fluids and discharges
- after cleaning

* Please note: Any clothing, etc. that has become soiled should be wrapped in a plastic bag and placed in the child's cubby, to go home for cleaning the same day.

Procedures for Clean-up of Blood Spills and Bodily Fluids

All staff are trained in handling potentially infectious material. They follow universal precautions set out by OSHA protecting themselves from and disposing of such materials.

Disposable gloves are available in the classrooms, workspace, and bathrooms at all times. Disposable gloves are to be used for the clean up of blood spills and bodily fluids. The effected area will be disinfected. Used gloves will be thrown away in a lined, covered container. Staff will wash their hands thoroughly with soap and water after cleaning up the area. Any affected clothing will be sealed in a plastic bag, labeled with the child's name, and returned to the parents at the end of the day.

The staff (teachers or cleaning staff) uses the following schedule in ensuring that equipment, items, and surfaces are washed with soap and water and disinfected:

After each use: Mops used for cleaning body fluids
Thermometers
Mats used for rest

At least daily: Toilets and toilet seats
Sinks and sink faucets
Water tables and water play equipment
Play tables
Smooth surfaced non-porous floors
Mops used for cleaning

At least weekly: Sheets or blankets used at rest times

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Classroom toys as needed

At least monthly: Machine washable fabric toys
Classroom toys and materials as needed

The disinfectant solution will be a solution of $\frac{1}{4}$ cup bleach to each gallon of water (one tablespoon per quart), which is prepared daily, labeled, and placed in a bottle that is sealed with a cap, or a commercially prepared disinfectant that is EPA registered and used in accordance with label instructions. A strong bleach solution will be used if there is an outbreak of infectious disease (1 part bleach per 10 parts water).