

Health Care Policy

EMERGENCY TELEPHONE NUMBERS

Health Care Consultant Name: **Karin Sjogren BS RN**

Telephone Number: **#508-325-8139**

Emergency Telephone Numbers (to be posted by all telephones)

Fire Department

Athol- 2251 Main St. T) 978-249-3598 — EMERGENCY: 911

Barre- 61 School St. T) 978-355-4574 — EMERGENCY: 911

Fitchburg- 20 Elm St. T) 978-345-4355— EMERGENCY: 911

Gardner- 70 City Hall Ave. T) 978-630-4051 — EMERGENCY: 911

Hubbardston- 7 Main St. T) 978-928-4423 — EMERGENCY: 911

Leominster- 19 Church St. T) 978-534-7560 — EMERGENCY: 911

Worcester- 141 Grove St. T) 508-799-3473 — EMERGENCY: 911

Department Poison Control (T) 800-222-1222

Police

Athol- 280 Exchange St. T) 978-249-3232 — EMERGENCY: 911

Barre-40 West St. T) 978-533-991 — EMERGENCY: 911

Fitchburg- 231 Fairmount St T) 978-345-9660— EMERGENCY: 911

Gardner- 200 Main St. T) 978-630-4051 — EMERGENCY: 911

Hubbardston- 7 Main St. T) 978-928-1405 — EMERGENCY: 911

Leominster- 29 Church St. T) 978-534-7560 — EMERGENCY: 911

Worcester- 9-11 Lincoln St. T) 508-799-8466 — EMERGENCY: 911

Designated Adult

Cori Owen #978-516-8401

Asiya Peerzade #508-981-6844

Hospital(s) Utilized for Emergencies

Athol- Athol Hospital- 2033 Main Street- #978-249-3511

Barre- Heywood Hospital- 242 Green Street- #978-632-3420

Fitchburg- Health Alliance- 60 Hospital Rd. — #978-466-2000

Gardner-Heywood Hospital- 242 Green Street- #978-632-3420

Hubbardston- Heywood Hospital- 242 Green Street- #978-632-3420

Leominster- Health Alliance- 60 Hospital Rd. — #978-466-2000

Worcester-

Information to Give in an Emergency

- The Nature for the Emergency
- The Center's Telephone Number
- The Center's Address
- The Center's Location in the Building
- Your Name

PLAN FOR INJURY PREVENTION

A. To prevent injury and to ensure a safe environment, the staff member who opens each classroom is responsible upon arrival each day for monitoring the environment and for the removal of any hazards. Any needed repairs or unsafe conditions should be reported to the Director

The Program Director will monitor the outdoor playground and remove any hazards prior to any children using the space.

B. No smoking is allowed on the premises.

C. Toxic substances, sharp objects matches and other hazardous objects will be stored out of the reach of children.

D. A first aid kit and emergency contacts and telephone numbers for the children will be taken on all field trip.

E. An injury report for any incident which requires first aid or emergency care will be maintained in the child's file. The injury report includes the name of the child, date, time and location of accident or injury, description of injury and how it occurred, name(s) of witnesses, name(s) of person(s) who administered first aid and first aid required. Staff should use the Accident/Injury Report Form to record the above information. Staff should submit the completed form to the Program Director for review.

Once the Program Director has reviewed the Accident/Injury Report form and has signed it, it should be given to the parent. The parent should be allowed to review it, sign it, and then be given a copy.

The staff member should then log the report in the Central Log of Injuries and then file the report in the Child's file.

Only staff who have a current First Aid will be allowed to administer first aid no matter how minor the injury.

ASSESSING INJURIES TO CHILDREN IN CARE

According to the National Safety Council, injuries are the #1 health and safety problem for children in child care settings.

When a child is injured, child care providers need to fully assess the child's injury and make sure they are following their first aid procedures. In addition to following proper first aid protocols the Office recommends these additional procedures be followed when a child needs first aid. When an injury occurs, ask the child questions and observe to make sure the child is okay. Monitor the child throughout the day. Continue to assess the child's injury to make sure what was first observed and treated is still the appropriate course of action.

NOTE: Anytime you believe the child's life may be at risk, or you believe there is a risk of permanent injury, seek immediate medical treatment.

After first aid is administered and the child is calm, the administrator or a teacher should survey the scene and gather additional information.

1. What was the child doing?
2. What equipment was involved?
3. Was another child involved?
4. Were any hazards involved?
5. Were there any witnesses? What did they see?

Procedures that must be followed:

- Complete an injury report.
- Provide timing, full, and accurate verbal notification to parent/guardian regarding injury
- Do not perform first aid or CPR without having completed current training.
- Regularly review the program's health care policy with staff.
- Program staff must share all pertinent information with program administrator and any teacher taking over care. Sharing the child's status with the parent/guardian at pick up time.
- Make sure the location of the child's medical information is complete and accessible to staff.

URGENT EMERGENCY MEDICAL SITUATIONS

- 1) Administer First Aid and CPR to the child as deemed necessary based on the nature of the emergency.
- 2) Call emergency medical services right away. 911
- 3) After EMS or emergency medical services have been contacted, call the child's legal guardian.
- 4) Take the child's complete file.

EMERGENCIES WHILE ON A FIELD TRIP

If an accident or acute illness occurs while on a field trip, the lead teacher will take charge of the emergency, assess the situation, and give first aid as needed. The method and urgency of transportation for the child to receive medical treatment will be determined by the lead teacher based on the severity of the emergency or illness. If necessary, an ambulance will be called.

The program director, or other designated adult, will be contacted by the head teacher as soon as possible and informed of the nature and extent of the injury and the proposed plan of action.

As a preventive measure, prior to departure from the center, the program director and. or lead teacher will determine appropriate guidelines to be followed during the field trip to insure continuity and safety of the children including:

- (1) A first aid kit will be taken in all vehicles on all field trips.
- (2) Emergency information, including contacts and telephone numbers, will be taken on all field trips.
- (3) On a field trip, staff must know the location of a telephone or have their personal cell phone on hand.
- (4) Medications, including emergency medications will be taken with the staff on the field trip.

EMERGENCY EVACUATION

Emergency Evacuation Plans will be posted at all exits

During an emergency evacuation the Lead Teacher will be responsible for taking the attendance information and for leading the children out of the building. Assistant teachers and other staff will assist in the evacuation and check for stragglers.

Infants and non-mobile toddlers will be placed in the evacuation crib(s) and/or carried by staff.

The Program Director will make a visual inspection of each classroom before exiting the building.

All classrooms, once evacuated, will meet at their designated meeting spot and wait for the go ahead by the Program Director before reentering the building.

The Center will maintain a daily attendance list that is current. Staff are responsible for signing children in and out of the center by arrival and departure times. The attendance list will be readily accessible in case of an emergency evacuation. The lead teacher will be responsible for taking the attendance list and for accounting for all of the children in the class once they are safely out of the building.

Emergency evacuation drills are conducted every month at different times of the program day as determined by the Program Director.

The Program Director will maintain documentation of the date, time, and effectiveness of each drill in the Fire Drill Log. This documentation will be maintained for five years.

1. No one shall return to the building (or any portion thereof) until the respective emergency personnel have provided an “all-clear” or safe to enter instruction.
2. In the event the actual premises needs to be evacuated; the educators will escort their assigned group to the closest and safest neighboring property that the educators can safely escort and walk the children to. Once at the meeting place, staff will collectively and immediately perform a name-to-face attendance; to ensure all children, staff and others (if applicable) have been accounted for. Following said head count; one designated staff will call 911 and will indicate if transportation will be required from existing location. Furthermore, if food, water or other specific items are needed such as medication. In addition, all remaining staff will immediately contact each child’s parent/guardian via phone call, to inform him/her of the emergency situation. Furthermore, the center’s EEC licensing agency will also be promptly notified of the situation.

EMERGENCY PREPAREDNESS

Escape routes/diagrams have been clearly posted on each floor/area of the center and reflect the designated external meeting area.

In the event of an actual building evacuation; the children will be in the fenced in playground area (as shown on emergency diagrams posted in the school). Emergency personnel will be notified and a dedicated staff member will take on the duty of contacting parents/guardians of the situation.

BUILDING LOCKDOWN

In the event there is an imminent external threat; the educators will secure all entry/exit points of the building e.g., doors, windows, etc. and one designated staff will call 911 or the appropriate emergency personnel and will inform them if additional emergency items are needed such as food, water or medication. In addition, all remaining staff will immediately contact each child’s parent/guardian via phone call, to inform him/her of the emergency situation. The building will remain on lockdown until the educators have received confirmation via emergency personnel or

by other means such as receiving notification from a company administrator and/or by listening to the news on the radio or checking the internet for notification/confirmation.

LOSS OF UTILITY

In the event of a loss of electricity, heat/air-conditioning, water or other, the program's Director has been instructed to immediately contact Cori Owen (Regional Director). Once notified, an Administrator will determine the appropriate course of action to take and notify the respective party to promptly correct said loss of utility.

However, should the loss of utility also present/cause an emergency evacuation, then staff will follow the evacuation procedures as described above.

SEVERE WEATHER

In the event the weather has turned unfavorable, the staff must exit the outdoor playgrounds and immediately return to the building/classroom with their assigned group of children. For instance, heavy/strong winds, view/signs of lightning or sounds of thunder and/or rain; are all examples of justified reasons to promptly return to the building/classroom.

SEVERE WEATHER— TORNADO WARNING

In the event of weather alert or faced with said examples, staff are to evacuate their classrooms (with their assigned children) to the first floor of the building and gather in the hallways/corridors away from the outer walls/windows. All evacuation procedures will be exercised with the exception of the meeting place.

BOMB THREAT

In the event the school receives a bomb threat (via phone call, mailed correspondence or other) the staff whom receives said threat, is to remain calm and alert all staff in the building immediately. Furthermore, all staff are to evacuate said building immediately as described under the emergency evacuation procedures. In addition, the staff who received said threat, should do her/his best to stay alert and collect any and all details related to the bomb threat for the purpose of relaying/notifying said details, to emergency personnel.

Furthermore, all staff and children are not to enter the school/building until the emergency personnel have provided an "all-clear" or safe to enter instruction.

MISSING CHILD

In the event a child or children is missing; one educator will be designated to contact 911 immediately followed by contacting the child and/or children's parent's/guardians. In addition, one or more educators will be designated to search the interior and exterior premises for said child and/or children. However, if the missing child and/or children occurs at an off-site event; then the staff/facilitators of the off-site location will also be immediately notified of the emergency.

FIRST AID AND TRANSPORTATION TO THE HOSPITAL

(1) In the case of an emergency or illness (such as a seizure, a serious fall or serious cut), the teacher in charge will begin administration of emergency first aid while the assistant teacher or second teacher takes other children to another area or room. Both staff members should respond in a calm and reasonable manner.

(2) Other staff will be alerted to send for assistance, be it the Program Director, social worker, or another person in the center.

(3) One of the supervisory staff will contact the parent to come and pick up the child or, if response time is a factor, to have the parent meet the child and accompanying staff at the emergency room of the hospital utilized in emergencies. The child will be transported by ambulance.

(4) In the event a situation arises that is life threatening or the child cannot be comfortably restrained in a car, an ambulance will be called immediately. The parent will be called to meet the child and staff at the hospital. The teacher or other designated staff will go with the child in the ambulance. The child's file will be taken, including permission forms and pertinent insurance information if the center has it.

(5) When parents cannot be reached, those listed as emergency contacts will be called as a further attempt to reach parents. In the event a parent cannot be reached immediately, a designated staff person will continue to attempt to reach parents.

MILDLY ILL CHILDREN

Children who are mildly ill may remain in school if they are not contagious (refer to Plan For Infectious Disease) and they can participate in the daily program including outside time.

If a child's condition worsens or, if it is determined that the child poses a threat to the health of the other children, or if the child cannot be cared for by the classroom staff, the Program Director will contact the child's parent(s). The parent(s) will be asked to pick up the child. The child will be cared for in a quiet area, a classroom or in the Center's office by a teacher qualified staff member or by the Program Director until the parent(s) arrive to take the child home.

Any toys, blankets, or mats used by an ill child will be cleaned and disinfected before being used by other children.

MANAGING INFECTIOUS DISEASE

Staff will take extra special precautions when children who are ill are diagnosed at the Center and when children who are mildly ill remain at the Center.

Children who exhibit symptoms of the following types of infectious diseases, such as gastro-intestinal, respiratory and skin or direct contact infections, may be excluded from the Center if it is determined that any of the following exist:

Illness that prevents the child from participating in the program activities or from resting comfortably. Or if the child has any of the following unusual lethargy, irritability, persistent crying, difficult breathing, or other signs of serious illness.

Symptoms

Restriction Period

Conjunctivitis (pink eye)	until eye is free of discharge and no longer red
Chicken Pox	Five Days and all blisters have formed scabs
Common cold or cough	24 hours
Diarrhea	24 hours from the first normal stool
Vomiting	24 hours after symptoms are clear
Whooping Cough	Five Days once treatment has begun
Head Lice	24 hours once treatment has begun
Fever	24 hours fever free without medication* *(under normal conditions, see explanations below)

A child who has been excluded from child care may return after being evaluated by a physician, physician's assistant or nurse practitioner, and it has been determined that he/she is considered to pose no serious health risk to him or her or to the other children. Nevertheless, the day care center may make the final decision concerning the inclusion or exclusion of the child.

If a child has already been admitted to the Center and shows signs of illness (for example: a fever he/she will be offered their mat, cot, or other comfortable spot in which to lie down. If the child manifests any of the symptoms requiring exclusion (as listed above) or it is determined that it is in the best interests of the child that he/she be taken home, his/her parents will be contacted immediately and asked to pick the child up as soon as possible.

When a communicable disease has been introduced into the Center, parents will be notified immediately, and in writing by the Program Director. Whenever possible, information regarding the communicable disease shall be made available to parents. Program Directors shall consult the Child Care Health Manual for such information. DPH must be contacted when there is a reportable communicable disease in your program.

****Taking a child's temperature** A minimum of two staff are required to independently take the subject's child's temperature. The first Teacher/staff will take the child's temperature and record the temperature, date, time and her/his name on the injury log. The second teacher will wait a **minimum** of 10 minutes prior to re-taking the child's temperature. The second Teacher/staff will also record the child's temperature, date and time and her/his name on the same injury log. If **both** temperature readings are 101 degrees or higher then the parent/guardian must be contacted and informed of the child's temperature and the need for the child to be picked up from the

school/program. However, if one reading was less than 101 degrees the parent/guardian would not be required to pick up the child.

***Fever-exception-** If a child has a known condition and it's not a contagious condition such as an ear-related disorder (i.e. ear tubes); this would be an acceptable case to the fever exception and **the child would not be sent home.** However, the parent/guardian should have provided the physician's written instructions that would indicate that the child may develop a fever at certain times of the day (such as rest time) and his/her instructions on providing fever medication when this occurs.

INFECTION CONTROL

The program director shall ensure that staff and children wash their hands with liquid soap and running water using friction. Hands shall be dried with individual or disposable towels.

Staff and children shall wash their hands minimally at the following times:

1. Before & after eating or handling food;
 - a. After toileting;
 - b. After coming into contact with bodily fluids and discharges;
 - c. After handling center animals or their equipment; and
 - d. After cleaning.

The program director or lead teacher shall ensure that the specific equipment, items or surfaces are washed with soap and water and disinfected:

1. After each use:
 - a. Sinks and faucets used for hand washing after the sink is used for rinsing a toilet training chair;
 - b. Tables will be washed and sanitized before and after each use
 - c. Toys mouthed by children;
 - d. Mops used for cleaning bodily fluids; and
 - e. Thermometers
 - f. Changing tables
 - g. Infant/Toddler bibs

h. Toilet training chairs will be washed and sanitized after each use

I. Water tables will be washed and sanitized after every use.

2. At least daily:

a. Toilets and toilet seats;

b. Sinks and sink faucets;

c. Drinking fountains;

d. Water play equipment;

e. Play tables;

f. Smooth surfaced non-porous floors;

g. Mop used for cleaning; and

h. Washcloths and towels.

3. At least weekly or more frequently as needed to maintain cleanliness, when wet or soiled, and before use by another child: Technical Assistance

a. Cots, mats or other approved sleeping equipment;

b. Sheets, blankets or other coverings; and

c. Machine washable fabric toys

All staff should wear non-latex gloves when they come into contact with blood or body fluids. Specifically, gloves should be worn during diapering, toileting, when administering first aid for a cut, bleeding wound, or a bloody nose, or when feeding an infant breast milk.

Gloves should never be reused and should be changed between children being handled.

Proper disposal of infectious materials is required. Any disposable materials that contain liquid, semi-liquid, or dry, caked blood will need to be disposed of in the secured trash receptacle located in the janitor's closet and marked "Biohazardous waste." The bags should be removed and securely tied each time the receptacle is emptied.

Cloth items that come into contact with blood or bodily fluids will be double bagged and sent home.

Each staff member will be trained in the above Infection Control Procedures upon employment and before working with the children and then annually.

PROCEDURES FOR USING AND MAINTAINING FIRST AID EQUIPMENT

Location of first aid kit - Each program will have a primary, complete first aid bag. Each classroom will have a smaller bag, with minimal supplies, Icepack, cold compress. Its location will be marked by Yellow signs. The first aid kits are stored out of the reach of children but easily accessible in case of emergency.

Portable first aid kits used on field trips will include: first aid supplies, children's emergency contacts and telephone numbers.

The first aid kit is kept supplied by the program director. First aid kits will be inspected monthly but supplies will be replaced as needed. Staff should report missing items to the Regional Director.

Staff certified in first aid and in accordance with recommended procedures will use all first aid supplies and/or equipment. All staff must be first aid certified within six (6) months of employment. One staff member certified in CPR must be on the premises during all hours of operation.

Contents of first aid kit:

Band-Aids

Gauze Pads

Adhesive Tape

Tweezers

Compress

Scissors

Disposable non-latex gloves

Gauze Roller Bandage

Instant Cold Pack

Thermometer

CPR Mask

PLAN FOR ADMINISTRATION OF MEDICATION

Prescription Medication

A. Prescription medication must be brought to school in its original container and include the child's name, the name of the medication, the dosage, the number of times per and the number of days the medication is to be administered. This prescription label will be accepted as the written authorization of the physician.

B. The Center will not administer any medication contrary to the directions on the label unless so authorized by written order of the child's physician.

C. The parent must fill out the Authorization For Medication Form before the medication can be administered.

Non-prescription Medication

A. Non-prescription medication will be given only with written consent of the child's physician. The Center will accept a signed statement from the physician listing the medication(s), the dosage and criteria for its administration. This statement will be valid for one year from the date that it was signed.

B. Along with the written consent of the physician, the Center will also need written parental authorization. The parent must fill out the Authorization for Medication form, which allows the Center to administer the non- prescription medication in accordance with the written order of the physician. The statement will be valid for one year from the date it was signed.

C. The Center will make every attempt to contact the parent prior to the child receiving the non-prescription medication unless the child needs medication urgently or when contacting the parent will delay appropriate care unreasonably.

Topical Ointments and Sprays

A. Topical ointments and sprays such as petroleum jelly, sunscreen, and bug spray, etc. will be administered to the child with written parental permission. The signed statement from the parent will be valid for one year and include a list of topical non-prescription medication.

B. When topical ointments and sprays are applied to wounds, rashes, or broken skin, the Center will follow its written procedure for non- prescription medication which includes the written order of the physician, which is valid for a year, and the Authorization for Medication form signed by the parent.

All Medications

1. The first dosage must be administered by the parent at home in case of an allergic reaction.
2. All medications must be given to the teacher directly by the parent.

3. All medications will be stored in the first aid bag, out of the reach of children. All medications that are considered controlled substances must be locked and kept out of reach of children. Medications that requires refrigeration will be kept in the center refrigerator in a child proof box.
4. The Lead Teacher will be responsible for the administration of medication. In his/her absence, the Program Director will be responsible.
5. The Center will maintain a written record of the administration of any medication (excluding topical ointments and sprays applied to normal skin) which will include the child's name, the time and date of each administration, the dosage, and the name of the staff person administering the medication. This completed record will become part of the child's file.
6. All unused medication will be returned to the parent.

PLAN FOR MEETING INDIVIDUAL CHILDREN'S SPECIFIC HEALTH NEEDS

During intake, parents will be asked to record any known allergies on the face sheet. The face sheet will be updated yearly.

All allergies or other important medical information will be posted in each classroom, on the wall and placed in the Classroom Binder. Allergies list will be updated as necessary - new children enroll, unknown allergies become known.

All staff and substitutes will be kept informed by the Program Director so that children can be protected from exposure to foods, chemicals, pets or other materials to which they are allergic.

The names of children with allergies that may be life threatening (ie - bee stings) will be posted in conspicuous locations with specific instructions if an occurrence were to happen. The Program Director will be responsible for making sure that staff receives appropriate training to handle emergency allergic reactions.

606 CMR 7.11(3)(a)(c): Individual Health Care Plans. The licensee must maintain as part of a child's record, an individual health care plan for each child with a chronic medical condition, which has been diagnosed by a licensed health care practitioner. The plan must describe the chronic condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child's health if the treatment is not administered.

PROCEDURE FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

All staff members are mandated reporters according to Massachusetts General Law C119, Section 51A. This means that if a staff member has a reasonable suspicion of abuse or neglect of a child he/she must file a report with the Department of Children and Families. See attached information for definitions, reporting procedures, etc.

The following procedure will be followed:

1. A staff member who suspects abuse or neglect must document her observations including the child's name, date, time, child's injuries, child's behavior, and any other pertinent information. The staff member will discuss this information with the Program Director.
2. The Program Director or the staff member with the assistance of the Program Director will make a verbal report to DCF, to be followed by a required written report 51A within 48 hours.
3. If a staff member feels that an incident should be reported to DCF, and the Program Director disagrees, the staff member may report to DCF directly.
4. All concerns of suspected abuse and neglect that are reported to DCF will be communicated to the parents by the Program Director unless such a report is contra-indicated.

Procedure for Identifying and Reporting Child Abuse/Neglect while in the care of the Center

It is the Center's commitment to protect all children in care from abuse and neglect. The following are procedures for reporting suspected child abuse/neglect while the child is in the Center's care.

Any report of suspected abuse or neglect of a child will be immediately reported to the Department of Children and Families and the Department of Early Education and Care. A meeting will be held with the staff member in question to inform him/her of the filled report.

Dept. of Children and Families telephone # is - 508-929-2000

Department of Early Education and Care # is Worcester Office—508-798-5180
Springfield Office- 413-788-8401

The staff member in question will be immediately suspended from the program with pay pending the outcome of the DCF and EEC investigations.

If the report is screened out by DCF, the Program Director has the option of having the staff member remain on suspension pending the EEC investigation or allowing the staff member to return to the classroom. This decision will be made by the Program Director and will be based on the seriousness of the allegations and the facts available.

If the allegations of abuse and neglect are substantiated, it will be the decision of the Program Director whether or not the staff member will be reinstated.

The Program Director and staff will cooperate fully with all investigations.

The location of the off-site emergency locations is shown below:

For our **Hubbardston** program

Hubbardston Center School
8 Elm Street
Hubbardston
t) 978-928-4487

For our **Leominster** program

Priest Street Elementary
115 Priest Street
Leominster
t) 978-534-7761

For our **Worcester** program

Burncoat High School
179 Burncoat Street
Worcester
t) 508-799-3300

For our **Athol** program

Athol High School
2033 Main Street
Athol, MA 01331
T) 978-249-3511

For our **Barre** program

Barre Town Hall
40 West Street
Barre
t) 978-355-2599

For our **Fitchburg** program

Fitchburg Art Museum
185 Elm Street
Fitchburg
t) 978-345-4207

For our **Gardner** program

Fitness Concepts
696 West Broadway
Gardner
t) 978-630-5114