

Nonotuck Community School's Health Care Policy is established in accordance with the requirements of the Department of Early Education and Care of the Commonwealth of Massachusetts.

Following are the sections of the policy pertaining to Plan for Handling Emergencies, Plan for Exclusion, Plan for Caring for Mildly Ill Children, Plan for Managing Infectious Diseases, Plan for Exclusion, Plan for Administration of Medication, Plan for Meeting Children's Individual Health Needs and Toileting and Diapering Plan. A copy of the complete plan is posted on the parent bulletin board. Complete copies of the policy will also be available in School office and parents will be furnished one upon request.

PLAN FOR HANDLING EMERGENCIES

All staff are required to have a current First Aid certificate. All staff must be certified within 6 months of employment. In addition, at all times, one staff person in the school will be certified in CPR for infants/children. All staff will be trained in standard precautions.

IN THE EVENT OF A MEDICAL EMERGENCY THE SCHOOL STAFF WILL:

- a. Assess the emergency (by determining the extent and seriousness of the emergency) and respond in a calm and reasonable manner.
- b. Serious Injury or Illness: The teacher in charge will begin emergency First Aid while another teacher or teacher's aide takes the other children from the area and alerts someone to send for more help calling **911** if necessary. The child's parent will be notified immediately. (If the child's parent is not available then the emergency contact will be notified.) A staff member from the school will accompany the child to the hospital.
- c. Minor Injury or Illness: The school will notify the parent to pick up the child. If the parent is unavailable the emergency contact will be notified. If necessary a staff member may accompany the parent and child to a treatment facility.
- d. A copy of the child's emergency medical file/card will accompany him/her to the hospital. The child's emergency file/card will include:
 - Child's name, date of birth, address, phone number
 - Any known allergies, health conditions
 - Current medications
 - Primary Care Physician
 - Insurance information
 - Permission forms signed by the parent
 - Emergency Contact Information
- e. If the child requires minor First Aid, a teacher will administer the necessary care. The teacher will always use disposable gloves when handling any blood or body fluids. Only staff members with current certification will perform First Aid.
- f. The attending staff person will then complete the following documentation procedures:
 1. The injury will be entered on the central injury log, by the director, The log is located in the director's office.

2. In the event of a question of a head injury, or concern of a fracture or other accident, where the child is acting fine or denying injury with no apparent symptoms, the parent will be called and the incident will be logged. Timed entries on an incident report will occur during the course of the day,
EX: Child has a witnessed head injury or fall and then appears fine. The fact that the child continues to participate in activities and the child's behavior and activity will be logged. With a head injury, documentation will occur every 1/2 hour, with other injuries once per hour.
3. An injury report form for any incident which requires first aid or emergency care will be maintained in the child's file. The injury report form will be filled out within 24 hours. The injury report form will include the name of the child, date, time and location of the injury, description of the injury and how it occurred, names of any witnesses and name of the person who administered First Aid, and the type of First Aid given. Staff will submit the injury form to the director for review prior to giving a copy to the parents.
4. Once the director has reviewed the injury / incident report and has initialed it and made a copy, the original will be placed in the parent's mailbox or given to the parent(s) for signature. The signed original will be placed in the child's file when returned. The copy will be given to the parent or discarded when original is returned. If the original is misplaced, the copy will be filed. In the event of a parent's refusal to sign the report, staff will document the refusal on the original report and give a copy to the parent at that time.
- 5. Any injury or illness that requires emergency medical services or hospitalization will be reported to the Department of Early Education and Care as required by EEC regulations.**
- g. If the accident or acute illness occurs while on a field trip, a teacher will 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 teacher based on the severity of illness or injury. If necessary an ambulance will be called.
- h. The director, or other adult designated by the director, will be contacted by the teacher as soon as possible and informed of the nature and extent of the injury and the injury and the proposed plan of action.
- i. To be prepared in the event of an emergency, it will be the policy of the school to take along on any field trip.
 - ❖ A First Aid Kit
 - ❖ Emergency information for all children
 - ❖ A cell phone or change for a pay phone. Staff will determine the location of the nearest pay phone prior to field trips. When the staff and children arrive at a location off site, the staff will locate the pay phone prior to an emergency.

PLAN FOR EXCLUSION

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 school if it is determined that any of the following exist:

- The illness prevents the child from participating in the program activities. Ex. coughing or runny nose that interferes with play or sleep or requires an over the counter medication to control.
- They have or have had a fever of 100 degrees or higher in the past 24 hours. Children must be fever free without taking fever-reducing medication for 24 hours before returning to school.
- Diarrhea (more than the child's normal number of stools, with increased stool water or decreased form). One incident that is not contained by diapers or controlled by toilet use, or one incident of stools that contain blood and/or mucous; or three incidents that are contained by diapers or controlled by toilet use. A child must be free of symptoms for 24 hours without medication before returning to school.
- Vomiting two or more times in the previous 24 hours at home or once at the school. A child must be free of symptoms for 24 hours without medication before returning to school.
- The child has any of the following conditions: unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of serious illness
- Mouth sores, unless the physician states that the child is non-infectious
- Rash with a fever or behavior change until the physician has determined that the illness is not a communicable disease
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow discharge, often with matted eyelids) until examined by a physician and approved for readmission with or without treatment
- Tuberculosis, until the child is non infectious
- Impetigo until 24 hours after the treatment has started (sores must be covered) or all the sores are scabbed over.
- Head, lice free of all nits or scabies and free of all mites
- Strep infection, until 24 hours after treatment and the child has been without fever for 24 hours
- Hepatitis A, unless treated with rafampin for 2 days
- Chickenpox until last blister has healed over

Nonotuck may require that a child who has been excluded receive an evaluation by a physician, physician's assistant or nurse practitioner before returning to school. Nonotuck reserves the right to make the final decision concerning the inclusion or exclusion of the child.

PLAN FOR CARING FOR MILDLY ILL CHILDREN

Children who are mildly ill can remain in school if they are not contagious and they can participate in the daily program including outdoor time. The following are examples of children that may stay in the program:

- A child who has a slight cold may come to school if they have none of the following symptoms: fever, no appetite, excessive tiredness or irritability, specific aches or pains (ex. sore throat, earache), coughing or runny nose that interferes with play or sleep.
- A child who has allergies
- A child who has been on antibiotics for 24 hours or more

If a child in care exhibits symptoms requiring exclusion, the following steps will be taken:

A teacher will call the child's parents and ask them to come and pick up the child. If the parent cannot be reached within a half hour then the emergency contact person will be called. The child will be cared for in a quiet area by a teacher qualified person until pickup by the parent. Any toys, blankets or mats used by and ill child will be cleaned and disinfected before being used by other children.

8. PLAN FOR MANAGING INFECTIOUS DISEASE

- a. When a communicable disease has been introduced into the school, parents will be notified immediately, and in writing by the director. Whenever possible, information regarding the communicable disease shall be made available to the parents. Confidentiality in the matter will be maintained. The director shall consult the Day Care Health Manual for such information.
- b. The program requires, on admission, a physician's certificate that each child has been successfully immunized in accordance with the Department of Public Health (DPH) recommended schedule. No child shall be required to have such an immunization if his parent(s) object, in writing, on the grounds that it conflicts with their religious beliefs or if the child's physician submits documentation that such a procedure is contraindicated. No child shall be admitted into the program without the required documentation for immunizations. A list of the children who have documented exemptions from immunizations will be maintained by the program and these children may be excluded from attending when a vaccine preventable disease is introduced to the program.
- c. Teachers 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 always wash their hands at the following times:
 - ❖ Before eating or handling food
 - ❖ After using the toilet, or helping a child use the toilet, or changing a diaper
 - ❖ After coming in contact with blood or other potentially infectious body fluids
 - ❖ After handling school animals, or their equipment
 - ❖ After cleaning the room (sweeping, wiping tables, etc.)

PLAN FOR ADMINISTRATION OF MEDICATION

Nonotuck will only administer medications when a medication administration plan has been approved by the director (or designee). The plan must be for the specific medication for the specific child. The director of Nonotuck (or designee) will have the exclusive right to approve the administration plan. The director of Nonotuck (or designee) reserves the right to request additional information/documentation prior to approving such a plan.

All parents will be responsible for providing Nonotuck with a list of medications that their child is taking on a daily basis, even if these medications are not being given at school. The parent will also supply Nonotuck with a written list of all side effects of any daily medications that the child takes. Parents are responsible on a daily basis to inform the classroom teachers of any medication their child has taken in the past 24 hours.

Medications will only be given in the school setting when absolutely necessary. Each child reacts uniquely to any medication and even prescribed medication in proper doses can cause side effects. Routine medications prescribed to be taken once or twice a day will not be given at Nonotuck. These medications should be given by the parent at home. Parents should attempt to arrange with their physician (MD) a dosing schedule for all medications that does not occur during school hours. If this cannot be done the parent is encouraged to come to school to administer the medication. If this is not possible teachers will be responsible for administering the medication. The first dose must always be administered by the parent at home in case of an allergic reaction. If it is necessary to give medications during school hours, the following policy will be followed.

a. Prescription or non-prescription medications will be administered to a child only with the written order of a physician. Prescription medication must be brought to school in the original child proof container. It must include the child's name, the date, physician's name, the name of the medication, the dosage, the directions, the duration, storage requirements and the expiration date. In the case of a prescription medication, the prescription label will be accepted as the written authorization of the physician if it indicates that the medication is for the specific child and includes specific dosing, and a specific time frame. A label that states "as directed" is not acceptable. Nonotuck reserves the right to request additional information/documentation if dosing instructions are not clear.

b. Nonotuck discourages the use of over the counter (non-prescription) medications either before or during school for non-chronic conditions. If your physician has prescribed non-prescription medication to be administered at school, they must fill out and sign the Authorization for Medication Form indicating specific dosage, start and end dates, and times that medication is to be administered. Non-prescription medication must be brought to school in the original child proof container. No medication, whether prescription or non prescription (including vitamins, herbs, herbal supplements, dietary supplements, home remedies, electrolyte replacement fluids, etc.) will be administered to a child by school staff without written parental authorization and an MD order. All substances are considered to be medications in the child care setting. Cough "drops" and other hard candy like medications are prohibited.

c. In the case of prescription or non prescription PRN (as needed) medication, the Authorization for Medication Form must include a statement from the physician with specific criteria for administration. This statement will be valid for one year from the date it

was signed. *EX: an asthma inhaler.* The School will make every attempt to contact the parent prior to the administration of PRN non-prescription medication unless the child urgently needs the medication or when contacting the parent will delay appropriate care unreasonably.

d. The parent must fill out an individual Authorization for Medication Form for each medication to be administered at school. A written record of the administration of the prescribed medication will be kept on the Authorization for Medication Form. This record will include the time and date of each administration and the signature of the staff member administering the medication. This form will be kept in the classroom until end date when it will be placed in children's file. The person giving the medication is responsible for completely understanding the order for giving the medication. If the medication order is unclear, the medication will be held, until the order is clarified. All staff will wash their hands prior to giving any medication. Staff will make an entry on the medication log for each day during the prescribed time period. If a child refuses to take a scheduled or necessary medication the teacher will document the refusal in the medication log and the parent will be called. If child is absent or school is not in session that will be noted as well. Any unused medication, when an order has expired, will be returned to the parent. Any medication not taken home by the parents will be destroyed within 2 weeks.

e. All medications must be handed directly from the parent to the teacher or director. Under no circumstance will medication be allowed to remain in a child's back-pack, and be transported back and forth from home to school. All medications will be stored out of reach of children. In the case of PRN (as needed) medications which stay at school, parents will need to ask the physician for a separate prescription as all medication must be in the original prescription container. Parents are responsible for ensuring that PRN medication is within expiration date. The parent is responsible for providing the Center with the appropriate measuring device for each and every medication. A generic "teaspoon" can be very inaccurate. There are many times that the amount to be given is smaller than a teaspoon and an exact measure is essential. No medication, under any condition or circumstance can be added to foods or beverages and brought to Nonotuck by a parent. If the staff suspects a medication in food/drink, the food/drink product will not be given to the child and will be returned to the parent. Medication will not be added to food/drink etc. by staff unless directed in the MD order.

f. If there are specific procedures to be followed in giving any medication, with which the staff are unfamiliar the health consultant or other designated health professional will describe or demonstrate the procedure to the staff. Nonotuck reserves the right to refuse to administer a medication until appropriate training from a health care professional can occur.

g. Topical ointments, and sprays such as petroleum jelly, lip balm (chapstick) sunscreen, bug spray etc. supplied by parents will be administered only with written parental permission. The signed permission statement from the parent will be valid for one year. Staff members do not document the administration of topical ointments and sprays applied to healthy, intact skin.

h. When non-prescription topical ointments and sprays are requested to be applied to wounds or severe diaper rash with broken skin, the School will follow its written procedures for nonprescription medication which includes the written order of

the physician and the Authorization for Medication Form signed by the parent.

i. Any medications to be administered that are not oral, topical or inhaled are considered “special circumstance” and may need additional documentation and additional training for the staff to administer. These “special circumstance” medications will be dealt with on a case to case basis utilizing the team approach. The team will consist of the child’s parents, MD, director, teachers, Health Consultant and EEC licensor. Injectible medications may not be given in Massachusetts child care settings with the exception of the Epi-pen. All staff responsible who are responsible for a child with an Epi-Pen will have additional training for its use from a Health Care Professional.

PLAN FOR MEETING INDIVIDUAL CHILDREN'S SPECIFIC HEALTH NEEDS

a. During intake, parents will be asked to record any known allergies or specific health conditions on the face sheet. The face sheet will be updated yearly. The director will ensure that the staff has the proper training to deal with children with asthma, or any other specific health concern.

b. If a child at the School has been identified by their physician as having asthma, an Asthma Record will be filled out. Teachers will administer asthma treatments, if necessary. Parents are responsible for providing nebulizer (or other inhalers) and medication and ensuring that medication is within expiration date. If a child requires treatments more frequently than every 4 hours - the child may not attend school.

c. If an allergy is identified upon enrollment, and at any time a new allergy is identified, an Allergy Form will be filled out by the parent that will include specifically what type of reaction a child has, and how the reaction should be treated. All allergies will be posted in each classroom. This will be done in a manner which ensures confidentiality. *EX.:The list will be posted with a red cover sheet which states "ALLERGIES Posted Here".* Allergy lists will be updated as necessary, as new children enroll and as unknown allergies become known. All staff and substitutes will be kept informed by the director about known allergies so that children can be protected from exposure to foods, chemicals, pets or other materials to which they are allergic. For a child with specific food allergies, the staff will be aware of substitutions for snacks and breakfast when completing weekly menus.

d. All staff will be aware of any children at the school with life threatening allergies. A list of these will be posted in a conspicuous place, maintaining confidentiality. The director will make sure that all staff are trained in the specific emergency procedures for the child. If a child has a severe allergy the parents will provide an emergency kit which will be available at all times with instructions for its use. The director will be responsible for ensuring that staff receive appropriate training to handle emergency allergic reactions. In the case of any emergency medication the child will not be allowed to attend the center until all paperwork is in place and the medication is present. If the medication has expired, the child will not be allowed to attend until new medication is brought in. All emergency medications will accompany the child on any outings or field trips.

The Asthma and Allergy foundation recommends that any child who has been prescribed an Epi-pen have 2 Epi-Pens at the center. If an Epi-Pen is administered at school, 911 will

be called. A child may not attend the school until the next day following a 24 hour period after the dose was given (whether dose was given at home or school).

e. Nonotuck has a “PEANUT SENSITIVE ENVIRONMENT POLICY” and serves no peanut-product snacks. In addition no peanut products or dishes are served at Nonotuck social events, whether school wide or classroom specific. This includes all foods contributed by community members. In the event of enrollment of a child with a peanut allergy, the parents can request, with appropriate physician documentation, that her/his classroom be peanut-free. This means peanut-free lunches for all students enrolled in that classroom.

f. Any other specific health concerns that are identified, such as epilepsy, bleeding disorders, diabetes, heart conditions etc. will be addressed at the time of enrollment or diagnosis. A Chronic Illness/ Condition Record will be filled out. Parents must also sign a permission release form for the condition for the school to be able to obtain additional information from the MD if necessary.

TOILETING AND DIAPERING PLAN

Toileting Plan:

1. Children will be assisted in toilet training in accordance with parental requests and consistent with child's physical and emotional abilities. Children will wash hands after toileting.
2. Staff will use gloves when assisting children with toileting.
3. During toilet training children will be toileted at regular intervals and on request. Children will be praised for successes but will not be ridiculed for toileting accidents.
4. Older children will be assisted in developing independence in their toileting. However, teachers will remind children to use the toilets during the transition periods of the day.
5. Teachers will ensure that parents provide an adequate supply of extra clothing so that clothing that is wet or soiled can be changed.
6. Wet or soiled clothing will be packed in a plastic bag and sent home with the child to be laundered.
7. Any mat covers or blankets that are wet during a nap will also be bagged and sent home with the child.
8. Children will wash hands after toileting.
9. Staff will discard gloves and wash hands after assisting with toileting.

Diapering Plan:

1. Staff will change the diapers of all children regularly and when soiled or wet. Routine diaper checks and necessary changes will occur according to the following schedule:
10:30 AM
12:30 PM

2:30 PM

4:30 -5:00 PM

2. Staff will wash hands and put on latex or vinyl gloves before diapering each child.
3. A clean sheet of table paper will be placed on the changing table for each child.
4. Parents will provide wipes for their child. The School will have an extra supply of wipes as well.
5. The teachers will ensure that parents provide an adequate supply of disposable diapers for their child. The School will have an extra supply of diapers as well.
6. Wet and soiled diapers are stored in a Diaper Genie that is emptied every day.
7. The paper for the changing table will be disposed in the trash container. The diapering mat will be disinfected and wiped off with the paper towel after each use.
8. The gloves will be removed and placed in the trash container and staff will wash their hands after each diaper change.