Willow Path Childcare

**Health and Safety Policies**

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All staff will receive a copy of this Health and Safety Policy during orientation. Parents will receive a copy on request.

**1. Emergency Numbers**

1.1. The following emergency numbers will be posted on each telephone:

Police, Fire, Ambulance: 911

Poison Control Center: (617) 232-2120

1.2. In the case of a serious injury, an ambulance will be called and the parent/guardian will be notified immediately. If the parent/guardian is not available, the emergency contact will be notified.

**2. Health Record Requirements**

2.1. Every child will have a confidential health record kept on file at the center. The health record will include the following:

* Name, address, and phone numbers of the child's parent(s) or guardians and of 2 emergency contacts.
* Report of the yearly physical examination that includes the name, address, and phone number of the child's physician.
* Immunization records.
* List of allergies to medications, foods, or other allergens.
* List of persons authorized to pick up the child in the absence of a parent.
* Signed permission for emergency treatment if the child's parent and physician cannot be reached.
* A record of injuries that have involved the child.
* A list of teachers' observations regarding health issues.
* Medication authorization forms.

2.2. Every child is required to have a yearly medical examination by a primary care practitioner. Children older than 3 years should have annual vision and hearing screening tests.

2.3. Each child older than 15 months must have proof of immunizations for MMR (measles, mumps, rubella) and chicken pox. Every child should be in the process of receiving immunizations against diphtheria, pertussis, tetanus, polio, hepatitis B, pneumococcus, and *Haemophilus influenzae* type b (Hib). Vaccination against hepatitis A is encouraged.

**3. Accidents and Injuries**

3.1. The child's parent/guardian will be notified of any injury on the day the injury occurs. An injury report form will be filled out and must be signed by the teacher present when the injury occurred, by the parent/guardian, and the Director. The form will then be placed in the child's file.

3.2. The Director will keep an Injury Log. The log will include the child's name, date and time, staff present, injury, location where the injury occurred, name(s) of witness, name(s) of person(s) who administered first aid or medical care, type of first aid or medical care required. The program coordinator will review the Injury Log monthly to determine high-risk areas or times in order to identify possible areas for improvement.

3.3. Staff members must assess the injury through first aid procedures. The Center's Director must be consulted with any questionable injuries. The Center's Health Care Consultant will be consulted with any further concerns regarding the injury. An ambulance will be called in the case of a serious injury and the parent/guardian will be notified immediately. If the parent/guardian is not available the emergency contact will be notified.

3.4. The same Accident/Injury policies will be followed while on walks or field trips away from the Center.

**4. First Aid**

4.1. All classroom personnel will be instructed in the proper use of first aid according to the American Red Cross First Aid classes. In the event of a major emergency, the center's director will be consulted immediately.

4.2. First-aid supplies will be kept in each classroom in designated cabinets out of the reach of children. The supplies will be checked monthly to ensure that supplies are adequate. Supplies will include the following: tape, Band-Aids, gauze pads & rolls, bandages, cold packs, syrup of ipecac, disposable gloves, tweezers, thermometer, and scissors.

4.3. A backpack containing a first aid kit, attendance sheet, Center emergency numbers, emergency contact list, and a cell phone must be taken on all walks/fieldtrips away from the Center. A staff member trained in Infant/Child CPR and first aid must be present on all walks/fieldtrips.

**5. Allergies**

5.1. At the time of enrollment the parent/guardian will be required to list all allergies. We ask that this form be updated regularly. This information will be clearly posted in the eating area of each classroom. It is the responsibility of every staff member to protect children from known allergens, whether food, environmental (e.g. bee stings), or chemical (e.g. sunscreen).

5.2. Parents of children who have been prescribed an Epi-Pen must provide documentation and an additional Epi-Pen that can be stored in the child's classroom. Teachers will be knowledgeable of the symptoms and signs of severe allergic reactions and of the proper use of the Epi-Pen. 911 will be called any time an Epi-Pen is used.

**6. Administration of Medications**

6.1. The center will administer prescription and non-prescription medication only when accompanied by a signed authorization form from the parent/guardian and written instructions signed by the physician. The label must be on the medication and it must clearly state the child's name and dosing information.

6.2. For any medications that are to be given on an as needed basis, the specific signs or symptoms indicating a need for the medication should be described. For example, an inhaler used for asthma can be requested as " Two puffs up to every four hours as needed for wheezing or cough." For acetaminophen (Tylenol), a parent/guardian can request "one teaspoon (160mg) every four hours, as needed for pain or temperature over 100.4." Note that for Tylenol the milligram amount must be indicated due to the different preparations available (infant drops contain 100mg per cc while syrup contains 32 mg per cc, and 1 teaspoon equals 5cc).

6.3. All medications will be stored out of reach of children and under proper conditions for sanitation, preservation, security, and safety. Any unused portion will be returned to the parent/guardian.

6.4. The center will maintain a written record of the administration of any medication, prescription or non-prescription. This record includes time and date of each dose, dosage, the name of the staff member administering the medication, and the name of the child. The record will be added to the child's file.

6.5. Non-prescription ointment, sunscreen, and diaper cream in its original container will be administered when accompanied with a parent/guardian permission form.

**7. Policy for Illness**

7.1. When a child is kept home due to illness, we ask that the center be informed by 9:00 AM and that the nature of the child's illness be described. Signs will be posted in the ill child's room notifying other parents of the types of illnesses that have been reported. These signs will not disclose the sick child's name.

7.2. If significant illness develops while the child is at the center, the teachers involved will consult with the director and the health care consultant and, if deemed appropriate, will ask that the child be taken home. In the event that the child must be sent home due to illness, the child must be picked up within one hour of the time the parent/guardian is notified of the illness.

Specific reasons for exclusion include but are not limited to the following:

* Fever of 100.4 °F (38 °C) or higher (axillary, oral, tympanic, or rectal)
* Vomiting
* Diarrhea (loose stools that cannot be contained)
* Difficulty breathing

7.3. Children showing signs of a significant contagious illness such as chicken pox will be isolated in one of the administrative offices until the parent or emergency contact arrives to take the child home.

7.4. A child may return to the center after illness once the following conditions have been satisfied:

* Fever of 100.4 °F or higher: none for at least 24 hours
* Diarrhea: none for at least 24 hours
* Vomiting: none for at least 24 hours
* Conjunctivitis: after 24 hours of topical therapy

7.5. A doctor's note is required in the following circumstances

* Impetigo: after 24 hours of treatment
* Streptococcal pharyngitis ("Strep throat"): after 24 hours of treatment
* Head Lice: after treatment has begun and nits are completely removed
* Scabies: after 24 hours of treatment
* Chickenpox: after all lesions have crusted and dried
* Pertussis: after 5 days of treatment
* Hepatitis A: 1 week after onset of illness or after immune globulin has been administered

**8. Care for Mildly Ill Children**

Mildly ill children who are returning to the center will be monitored for signs of infectious illness. Every effort will be made to make them feel comfortable. In the event that the child requires one-on-one teacher supervision that jeopardizes the classroom ratio, the child will be sent home for additional recuperation.

**9. Hygiene and Infection Control Policy**

9.1. *Hand washing*

All staff and children wash their hands with liquid soap and running water and using friction. Hands will be dried with disposable towels. Hand washing will occur at least at the following times:

* Before eating or handling food
* After toileting or diapering
* After coming in contact with bodily fluids
* After cleaning
* After handling animals or their equipment

9.1.2. Children will be reminded not to share cups, bottles, eating utensils, combs, brushes, and mouthed toys. Children will be discouraged from walking barefoot. Children and staff will be discouraged from close physical contact such as hugging and kissing when an upper respiratory tract infection is present.

9.2. *Equipment and Surface Washing*

9.2.1. Equipment and surfaces will be washed with a disinfectant solution of one part bleach to eight parts water (one tablespoon [15 mL] of household bleach per quart of water). The disinfectant solution will be prepared daily in labeled spray bottles that will be stored in a secure place out or reach of children.

9.2.2. Disposable gloves will be provided to be used for the clean-up of blood spills and bodily fluids. Used gloves will be thrown away in a lined, covered container. Bloody clothing will be sealed in a plastic container or bag, labeled with the child's name, and returned to the parent at the end of the day.

9.2.3. Cloth items will be washed in a washing machine containing laundry detergent and 2 tablespoons bleach.

9.2.4. Schedule of cleaning

After each use:

* Diapering surfaces
* Toys mouthed by infants or toddlers
* Bibs
* Thermometers
* Toilet-training chairs
* Sinks and faucets after the sink has been used for rinsing a toilet-training chair
* Mops used for cleaning bodily fluids

At least daily:

* Toilets and toilet seats
* Containers used for soiled diapers
* Sinks and faucets
* Water tables and water play equipment
* Play tables
* Floors (excluding rugs)
* Mops used for cleaning
* Cloth washcloths and towels
* Crib sheets, mat sheets, and blankets used by infants

At least weekly:

* Mat sheets and blankets used by older children

At least monthly:

* Cribs, cots, mats, and other approved sleeping equipment
* Fabric toys

9.3. Breastmilk Exposure

In the unlikely event that an infant is found to have ingested the wrong breastmilk, an accident/injury report will be filed. The child's parent/guardian will be notified, but the name of the breastmilk source will not be disclosed. Because breastmilk can transmit HIV, the virus that causes AIDS, the source mother of the breastmilk will be asked to have HIV testing performed by her primary care physician. The results of the test will be disclosed to the parents of the recipient, but the name of the source will be kept confidential.

**10. Evacuation Plan**

 In the event of a fire or emergency situation that requires the evacuation of the center, the designated teacher will be responsible for doing a count of children before leaving the building. The designated teacher will then take the attendance sheet and, with the help of the other classroom teachers, guide the children out of the building in a fast and orderly manner. Infants will be evacuated in the designated evacuation crib. The Center Director or Program Coordinator will be the last to leave the building after doing a thorough check of all the classrooms to ensure that everyone has been evacuated. Once out of the building, children will be taken, if it is safe, to the fenced playground area. In the event of inclement weather or in the event of a confined Environmental emergency (e.g. fire, chemical spill, etc.), children will be moved to the Annunciation Church Gymnasium/Auditorium until it is safe to return to the center or they are picked up by their parents/guardians. Each designated teacher will retake attendance upon reaching a safe area. In the event of a non-confined environmental emergency (e.g. chemical spill, flood waters, etc.), emergency vehicles will transport both staff and children to The Hebrew Rehabilitation Center. If necessary, children will be transported to Children's Hospital 300 Longwood Ave. Boston.

* The Center's evacuation plan is posted in classrooms and in hallways.
* The Center will conduct fire drills at least six times a year at various times of the day. The Center's Director will evaluate the drills for effectiveness.
* All Staff will be trained in the evacuation procedure at the time of hire. All staff will also be trained in the use of the Infant's evacuation crib.

**11. Loss of Heat, Power, or Water**

In the event of loss of power or loss of heat, parents will be contacted and the center will close early. The necessary amount of water will be on hand in the center to be used in the event of a water emergency.

**12. Health Policy for Staff**

12.1. Every staff member must file a certificate signed by a licensed physician stating that the individual has been examined within 6 months before starting work and is free of any illness, mental or physical, that might adversely affect the welfare of children.

12.2. Evidence of measles and mumps immunization (or documented infection) is required if born after 1958. Evidence of rubella immunization (or documented infection) is required for all staff. Yearly influenza vaccination and Hepatitis A immunization are recommended. Documentation of tuberculosis testing is also required.

**13. Policies for the Prevention of Abuse and Neglect**

13.1. All staff members will immediately report and record any suspicious behaviors or marks on a child's body suggestive of abuse or neglect to their program coordinator or Director. The documentation will include description of the behavior or mark, date of the observation, and signature of the observer.

13.2. In the event that the staff feel that the reports on file warrant notification of the Commonwealth of Massachusetts Department of Social Services according to the State mandate (M.G.L. c. 119, §51A), the Director or his/her designee will speak to the parents prior to the filing of the initial report of suspicion of child abuse or neglect to the Department of Social Services.

13.3. The Director will notify the Office of Child Care Services (OCCS) immediately after filing a 51A report or learning that a 51A report has been filed alleging abuse or neglect of a child while in the Center's care.

The Center will cooperate in all investigations of abuse and neglect, including identifying parents of children currently or previously enrolled in the Center. The Center will provide consent for disclosure to OCCS of information from, and allowing OCCS to disclose information to, any person and/or agency that OCCS

may specify as necessary to the prompt investigation of allegations and the protection of children.

13.4. Staff members will immediately report to the Director any staff person they suspect of child abuse or neglect. The Director will immediately remove the staff person from classroom work, file a 51A report with the Department of Social Services, and notify EEC that a 51A report has been filed alleging a staff person has abused or neglected a child. The allegedly abusive or neglectful staff member will not be allowed to work directly with children until the Department of Social Services has completed its investigation and EEC has approved that the accused staff person may return to classroom work.