

HATHAWAY SCHOOL
HEALTH CARE POLICY

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EMERGENCY TELEPHONE NUMBERS

Health Care Consultant:

Name: Jessica Carson RN
Telephone Number: 781-595-5859

Emergency Telephone Numbers:

Fire Department 911 or 781-593-1234
Police Department 911 or 781-595-2000
Poison Control 1-800-222-1222
Ambulance 911
DCF/Child Abuse 781-477-1600
Public Health Dept. 781-598-4000
Designated Adult JOANNE CIVITARESE

Hospital(s) Utilized for Emergencies:

Name: Union Hospital
Address: 500 Lynnfield Street
Lynn, MA 01904
Telephone: 781-581-9200

Name: North Shore Childrens' Hospital
Address: #81 Highland Avenue
Salem, MA 01970
Telephone: 978-741-1200

Information to Give in an Emergency:

- The Hathaway School
- State the nature of the Emergency
- 25 Bessom Street or 280 Broadway
Lynn, MA 01902 Lynn, MA 01904
- 781-595-5859 781-595-0010
- Report where in the building or school grounds emergency situation occurred.

EMERGENCY EVACUATION

Emergency Evacuation Plans will be posted at all exits.

During an emergency evacuation the classroom 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.

Non-mobile students (i.e., cast, crutches, wheelchairs, etc.) and/or special needs students that require added supervision, shall be escorted by the classroom Teacher or closest Staff person directed to do so.

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

All classrooms, once evacuated, shall wait for the go ahead by the Principal before reentering the building. Children evacuating through the front door will turn right and will meet at the end of the parking lot along the fence. Students leaving through the back door will go to the left, proceed down the alley, and meet at the back of the parking lot along the fence.

The School will maintain a daily attendance list that is current. Staff are responsible for ensuring children are signed in and out of the school by arrival and departure times. Daily attendance is to be reported to the Office by 9:15am. The Daily Attendance List will be posted in the Office and be readily accessible in case of an emergency evacuation.

The Administrative Assistant is 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/fire drills are conducted every other month at different times of the school day as determined by the Principal.

Children and staff practice using different evacuation routes so the children and Staff are familiar with them.

The Principal 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.

PROCEDURES FOR EMERGENCIES AND ILLNESS

FIRST AID AND TRANSPORTATION TO THE HOSPITAL

In the case of an emergency or illness (such as a seizure, a serious fall or serious cut) the classroom teacher 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.

Other Staff will be alerted to send for assistance, contacting the Principal or administrator in charge at the school.

One of the supervisory staff will contact the parent(s) to come and pick up child or, if response time is a factor, to have the parent meet the child and accompanying staff at the Emergency Room of the utilized hospital.

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 emergency is non-life threatening and the child is transported to the hospital by the school, one of the staff will drive and another staff will be accompanying the child for comfort. The child will be properly restrained in a car seat with a seat belt.

If the parent comes to pick up the child and needs assistance, the Teacher or Principal may offer to drive to the hospital or to accompany the child

When parents cannot be reached, those listed as emergency contacts shall 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. If necessary, the child will be transported to the hospital by two designated Staff members (or by ambulance) and the child's whole file will be taken, including permission forms.

The Hathaway School will immediately report to the Department of Early Education and Care any injury to, or illness of, any child which occurs during the hours while the child is enrolled in care and which requires hospitalization or emergency medical treatment.

EMERGENCIES WHILE ON A FIELD TRIP

If an accident or acute illness occurs while on a field trip, the 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 teacher based on the severity of the emergency or illness. If necessary, an ambulance will be called.

The Principal, or other designated adult, will be contacted by the 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 school, the Principal and/or 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 have cell phones for emergency use.
- (4) All students participating on the field trip must wear a school information ID bracelet.

PLAN FOR INJURY PREVENTION

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 Principal.

Teachers will monitor the outdoor playground and remove any hazards prior to any children using the space.

No smoking is allowed on the premises.

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

A first aid kit including emergency contacts and telephone numbers for the children shall be taken on all field trips.

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, a description of injury and how it occurred, the 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 shall submit the completed form to the Principal for review.

Once the Principal 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 their sections Injury Log and then file the report in the child's file.

Only Staff who have a current First Aid/CPR shall 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 must fully assess the child's injury and follow their first aid procedures. In addition to following proper first aid protocols, it is recommended these additional procedures be followed when a child needs first aid.

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. Call 911 and notify the Principal.

After first aid is administered and the child is calm, the Principal or teacher shall survey the scene and gather additional information. Questions to the child should include:

- What was the child doing?
- What equipment was involved?
- Was another child involved?
- Were any hazards involved?
- Were there any witnesses? If so, what did they see?

PROCEDURES THAT MUST BE FOLLOWED:

- Complete an injury report.
- The Principal or Teacher will provide a verbal notification to parent/guardian regarding the injury.
- Teachers must share all pertinent information with the Principal and any teacher(s) taking over care of the child and any follow-up contact with parent/guardian

PROCEDURES TO FOLLOW IN 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 at 911 **immediately.**
- 3) After EMS or emergency medical services have been contacted, call the child's legal guardian.

4) Take child's medical information and emergency consents and students file to the doctor's office or emergency room.

PLAN FOR MANAGING INFECTIOUS DISEASE

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

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

- the illness prevents the child from participating in the school activities or from resting comfortably;
- the illness results in greater care needed than the child care staff can provide without compromising the health and safety of the other children.
- the child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of serious illness.
- diarrhea;
- vomiting in the previous 24 hours at home or once at the school;
- 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 re-admission, with or without treatment;
- tuberculosis (TB), until the child is non-infectious;
- impetigo, until 24 hours after treatment has started or all the sores are covered;
- 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 a fever for 24 hours;

- many types of hepatitis are caused by viruses. The symptoms are similar and blood tests are needed to tell them apart. In the United States the most common types of hepatitis are A, B, and C. Types B and C are spread through blood and other body fluids. Type A is spread through contaminated food and water or stool (feces). Fact sheets are available from the state Department of Public health. www.state.ma.us/dph
- chicken pox, until last blister has healed over.

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/her or to the other children. A physician's note is required to be readmitted to school. **Nevertheless, the school shall make the final decision concerning the inclusion or exclusion of the child.**

If a child has already been admitted to the school and shows signs of illness (for example: a fever equal to or greater than 100.5 degrees) by the oral or auxiliary route, a rash, reduced activity level, diarrhea, etc. 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, their parent(s) will be contacted immediately and asked to pick the child up as soon as possible.

When a communicable disease has been introduced into the school, parents shall be notified immediately via email by the Principal/Designee. Whenever possible, information regarding the communicable disease shall be made available to parents. The Principal shall consult the Child Care Health Manual for such information. DPH shall be contacted when there is a reportable communicable disease in the school.

The school requires, on admission, a physician's certificate that each child has been successfully immunized in accordance with the Department of Public

Health's recommended schedule. No child shall be required, under 102 CMR 7.00 to have any such 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 contradicted. This is maintained in the child's file. No child shall be admitted to the school without the required documentation for immunizations. The school will maintain a list of the children who have documented exemptions from immunizations and these children will be excluded from attending when a vaccine preventable disease is introduced into the school. The Massachusetts Immunization Program provides free childhood vaccines. The toll free telephone number is 1-888-658-2850.

PLAN FOR INFECTION CONTROL

The Principal 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 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.

Maintenance staff shall ensure that the specific equipment, items or surfaces are washed with soap and water and disinfected with a fresh, standard bleach solution (1/4 teaspoon per 1 qt.) or another approved cleaner and disinfectant using the following schedule:

1. Clean after each use:
 - a. Sinks and faucets used for hand washing after the sink is used for rinsing a toilet training chair;
 - b. Toys mouthed by children;
 - c. Mops used for cleaning bodily fluids; and
 - d. Thermometers

2. Clean daily:
 - a. Toilets and toilet seats;
 - b. Sinks and sink faucets;
 - c. Drinking fountains;
 - d. Water table and water play equipment;
 - e. Play tables;
 - f. Smooth surfaced non-porous floors;
 - g. Mop used for cleaning; and
 - h. Cloth washcloths and towels.

3. Clean monthly or more frequently, as needed, to maintain cleanliness, when wet or soiled, and before use by another child:
 - a. Cots, mats or other approved sleeping equipment;
 - b. Sheets, blankets or other coverings; and
 - c. Machine washable fabric toys.

PLAN FOR INFECTION CONTROL

All Staff shall wear non-latex gloves when they come into contact with blood or body fluids. Specifically, gloves should be worn during diapering, toileting, 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 will 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 classroom will have a first aid kit. Its location will be marked by a red cross contacted on the front of the container. 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 include: first aid supplies, children's emergency contacts and telephone numbers, and change for a pay telephone.

Maintenance of the First Aid Kit - The first aid kit is kept supplied by the Teachers. First aid kits are inspected monthly and supplies will be replaced as needed. Staff shall report missing items to the Principal.

Only Staff certified in first aid/CPR and in accordance with recommended procedures shall use only 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 THE FIRST AID KIT

Band-Aids	Disposable non-latex gloves
Gauze Pads	Gauze Roller Bandage

Adhesive Tape	Instant Cold Pack
Tweezers	Thermometer
Compress	Scissors

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 School will not administer any medication contrary to the directions in the label unless so authorized by written order of the child's physician.
- C. The parent must fill out the Authorization for Medication Form with a doctor's signature before the medication can be administered.
- D. If the child has a chronic health condition parents must fill out the Individual Health Care Plan form and have it signed by the child's physician.

Non-prescription Medication

- A. Non-prescription medication will be given only with written consent of the child's physician. The School 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 School will also need written parental authorization. The parent must fill out the Authorization for Medication Form, which allows the School to administer the nonprescription medication in accordance with the written order of the physician. The statement shall be valid for one year from the date it was signed.
- C. The School 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.

Sprays

- A. Sprays such as sunscreen, and bug spray 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.

- B. When sprays are applied to wounds, rashes, or broken skin, the School will refer to its written procedure for nonprescription medication which includes the written order of the physician, which is valid for a year, and the Authorization for Medication form shall be 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 shall stored in the Main Office in the grey lockbox, located on the second shelf out of the reach of children.
4. First Aid and Medication certified Staff will be responsible for the administration of medication.
5. The School 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 is located as part of the Office Injury Log. In addition, this record will become part of the child's file.
4. All unused medication will be returned to the parent.

PLAN FOR 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 Principal will contact the child's parent(s). The parents(s) will be asked to pick up the child. The child will be cared for in a quiet area of a classroom or in the school's office by a teacher qualified staff member or by the Principal until the parent(s) arrive to take the child home. If a child has a fever and/or diarrhea or is vomiting they cannot return to school for 24 hours. The Principal reserves the right to ask parents for a doctor's note stating that the child is healthy enough to return to school.

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

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 and other important medical information shall be posted in each classroom, on the refrigerator in the kitchen, and on the snack storage cabinet. Allergies list will be updated as necessary when new children enroll.

All staff and substitutes will be kept informed by the Principal 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 cook will inform the classroom staff of substitutions for snacks and lunches when completing weekly snack and lunch menus.

The names of children with allergies that are life threatening (i.e., bee stings) will be posted in conspicuous locations with specific instructions if an occurrence were to happen. The Principal will be responsible for making sure that Staff receives appropriate training to handle emergency allergic reactions.

PROCEDURE FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

All Staff members are mandated reporters according to Massachusetts General Law C119, Section 51A. If a staff member has a reasonable suspicion of abuse or neglect of a child they must file a report with the Department of Children and Families (DCF).

The following procedure will be followed:

1. A Staff member who suspects abuse or neglect must document their 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 Principal.
2. The Principal or the Staff member, with the assistance of the Principal will make a verbal report to DCF, to be followed by a required written report 51A within 48 hours: **Department of Children and Families 330 Lynn Way Suite 201A Lynn, MA 01901**

Department of Children and Families Telephone # is 781-477-1600.
Department of Early Education and Care # 978-681-9684.

3. If a staff member feels that an incident should be reported to DCF, and the Principal 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 Principal unless such a report is contra-indicated.

PROCEDURE FOR IDENTIFYING AND REPORTING CHILD ABUSE/NEGLECT WHILE IN CARE OF THE SCHOOL

It is the Schools 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 Schools 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 filed report.

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

If the report is screened out by DCF, the Principal has the option of having the Staff member remain on suspension pending the EEC investigation or allowing the Staff member return to the classroom.

This decision will be made by the Principal 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 Principal whether or not the Staff member will be reinstated.

The Principal and Staff will cooperate fully with all investigations.

Child Guidance Policy

It is the Schools commitment to assist all students in its care and prohibits the use of the following forms of punishment:

- Spanking or other corporal punishment of children;
- Subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment;
- Depriving a child of meals or snacks;
- Force feeding children;

- Disciplining a child for soiling, wetting, or not using the toilet or forcing a child to remain in soiled clothing, or to remain on the toilet, or any other excessive practices for toileting.

The School shall assist with the child guidance goals that help children to:

- Be safe with themselves and with others;
- Feel good about themselves;
- The Teacher shall assist the child to develop self-control and good coping skills.
- To allow the child to appropriately express their feelings
- To encourage the child to become more independent;
- Guide the child to balance their needs and wants with those of others.
- Assist the child to learn new problem solving skills, including non-violent conflict resolution
- The School shall assist the students with positive methods of child guidance which include:
 - A plan for appropriate behavior by arranging materials to encourage active learning and independence;
 - A plan for daily scheduling that prevents boredom, waiting, and time to relax and enjoy activities. Also, a daily routine with ample opportunity for children to select activities and move between them at their own pace, and gives children ample notice of transitions ahead of time;
 - Staff shall provide children with expectations that are clear, age-appropriate and applied in a consistent way.