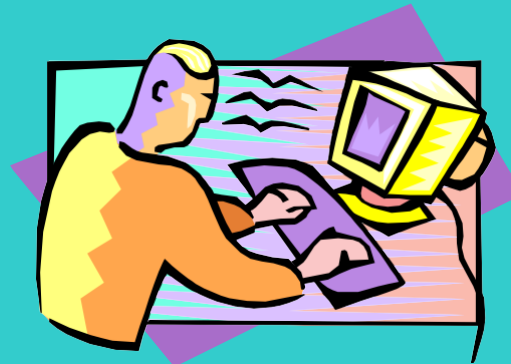


Department of Early Education and Care

A Guide to Developing Sample Health Care Policies

For Licensed Group Child Care and School-Age Programs



Department of Early Education and Care

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How To Use This Guide

The purpose of this guide is to assist child care providers in the continued development, and updating of their programs health care policies. Twelve sample health care polices are included in this guide, these samples are tied to the EEC licensing regulation requirements which programs must submit to their licensor for approval.

EEC is interested in having programs review their current health care policies and procedures to make sure they meet the health and safety of the children as well as the programs changing needs.

Department of Early Education and Care

Dear Provider,

Please use this guide to review all of your health care and safety policies. Share this task with key staff to get the most input from your staff. Be sure to modify the sample policies that are outdated or incomplete to comply with the regulations that apply to your program. Share your drafts with your program's Health Care Consultant for their input and advice. Once your policies are finalized, share them with your licensor for approval, hold trainings with your staff and share them with the parents of children in your care.

Also please visit the Technically Speaking section of the EEC web site www.eec.state.ma.us for pertinent information on a range of current health and safety topics that are in the news.

Sincerely,

David McGrath
Asst. Commissioner

Department of Early Education and Care

EMERGENCY TELEPHONE NUMBERS

Health Care Consultant

Name: _____

Address: _____

Telephone Number: _____

Emergency Telephone Numbers (to be posted by all telephones)

Fire Department _____ Police

Department _____

Poison Control _____

Ambulance _____

DSS/Child Abuse _____ Public

Health Dept. _____

Designated Adult _____

Hospital(s) Utilized for Emergencies

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

Information to Give in an Emergency

Your Name _____

The Nature for the Emergency _____

The Center's Telephone Number _____

The Center's Address _____

The Center's Location in the Building _____

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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) (The crib with the red band on the leg) and/or carried by staff. The cook or other available staff will assist with the evacuation of the Infant Room.

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

All classrooms, once evacuated, will meet by the back fence 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. Staffs are responsible for signing children in and out of the center by arrival and departure times. The attendance list will be kept on the top of the cubbies and 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 other month at different times of the program day as determined by the Program Director.

Children and staff should practice using different evacuation routes so that the children and staff will be familiar with them.

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.

Department of Early Education and Care

PROCEDURES FOR EMERGENCIES AND ILLNESS

(Parents must receive a copy of these procedures.)

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 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.
- (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) If the emergency is non-life threatening and the child is transported to the hospital by the Center, 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 and in a seat belt. The child **will not** be carried on the staff member's lap
- (6) If the parent comes to pick up the child and needs assistance, the teacher or program director may offer to drive to the hospital or to accompany the child
- (7) 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. 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 program 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.

B. 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 and have appropriate change to be able to use it or have a working cell phone available.

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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.

Department of Early Education and Care

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.

- D What was the child doing?
- D What equipment was involved?
- D Was another child involved?
- D Were any hazards involved?
- D Were there any witness's? What did they see?

Procedures that must be followed:

- Complete an injury report.
- Provide **timely, full, and accurate** verbal notification to parent/guardian regarding injury
- Do not perform first aid or CPR without having completed current training.
- Regularly review 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.

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 right away. **911**
- 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 to doctors' office or emergency room

What You Should Do

- 1) Know how to access Emergency Medical Services (EMS) in your area
- 2) Educate Staff on the recognition of an emergency and the center's health care policy.
- 3) Know the phone number for each child's guardian and primary health care provider.
- 4) Share specific plans and specific health care needs of children with direct care staff.
- 5) Develop plans for children with special needs with their family and health care provider.

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PLAN FOR 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:

- the illness prevents the child from participating in the program activities or from resting comfortably;
- the illness results in greater care need that 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, difficult breathing, or other signs of serious illness;
- diarrhea;
- vomiting two or more times in the previous 24 hours at home or once at the center;
- 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, 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 fever for 24 hours;
- many types of hepatitis are caused by viruses. The symptoms are so alike that blood tests are needed to tell them apart. In the U.S. 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 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 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, his/her parent 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.

The program 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 must be maintained in the child's file. No child will be admitted into the program without the required documentation for immunizations. **(Childhood Lead screening must be done on all children; it is not considered an immunization).** The program 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 program. The Massachusetts Immunization Program provides free childhood vaccines. The toll free telephone number is 1-888 658-2850.

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PLAN FOR 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 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 with a fresh, standard bleach solution (1/4 teaspoon per 1 qt.) using the following schedule:

1. 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. At least 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. At least 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 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.

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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 will include: first aid supplies, children's emergency contacts and telephone numbers, and change for a pay telephone.

Who maintains the first aid kit? - 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 program 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	Disposable non-latex gloves
Gauze Pads	Gauze Roller Bandage
Adhesive Tape	Instant Cold Pack
Tweezers	Thermometer
Compress	
Scissors	

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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 be 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 stored in the kitchen, out of the reach of children (in the right upper cabinet or on the refrigerator door shelf if refrigeration is necessary). All medications that are considered controlled substances must be locked and kept out of reach of children.
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.
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 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.

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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 refrigerator in the kitchen, and on the snack storage cabinet. 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.

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 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.

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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.

Department of Children and Families Telephone # is _____.

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 filed report.

Dept. of Children and Families telephone # is _____.

Department of Early Education and Care _____.

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.

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Developing a Child Guidance Policy

Key components for a good policy:

Your Child Guidance Policy should include the following:

1) The prohibitions in the EEC licensing standards:

- 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 children of meals or snacks;
- Force feeding children; and,
- Disciplining a child for soiling, wetting, or not using the toilet; or forcing a child to remain in soiled clothing or forcing a child to remain on the toilet, or using any other unusual or excessive practices for toileting.
- *Please also note that EEC does not allow any licensed child care programs to use discipline or child guidance techniques that require the use of any physical restraint.*

2) Child guidance goals that help children to:

- Be safe with themselves and with others;
- Feel good about themselves;
- Develop self-control and good coping skills;
- Appropriately express their feelings;
- Become more independent;
- Balance their needs and wants with those of others;
- Learn new problem-solving skills, including non-violent conflict resolution; and,
- Learn about conservation – to use equipment, materials, and other resources in caring, appropriate ways.

3) Positive methods of child guidance that include:

- A plan for appropriate behavior through the environment by arranging furniture and other materials to encourage active learning and independence;
- A plan for daily scheduling that prevents boredom, waiting, hurriedness, with time to relax and enjoy activities, as well as a daily routine with ample opportunity for children to select activities and move between them at their own pace, and that gives children ample notice of transitions ahead of time;
- Providing children with expectations that are clear, age-appropriate and applied in a consistent way.

Developing a Child Guidance Policy

- Allowing children to participate in the establishment of rules, policies and procedures where appropriate and feasible;
 - Reinforcing positive behavior by recognizing children's positive actions;
 - Modeling appropriate behavior by what the adults say expect, and do;
 - Redirecting children away from negative actions and toward positive activities by interrupting a child's negative behavior and steering the child toward an acceptable substitute activity;
 - Teaching children new skills and encouraging them to discuss and resolve their conflicts on their own or with the adult's assistance, when necessary, rather than imposing an adult's solution on them. Encouraging children to express their feelings in words and to resolve problems peacefully;
 - Ignoring simple inappropriate negative behavior that is unpleasant;
 - Working in close partnership with parents to address children's difficulties at home and at the program. Developing shared understanding to foster consistency between home and child care;
 - Observing and recording children's behaviors; and,
 - Accessing specialized support services if a child's behavior continues to be harmful to themselves or others. Referring the family, with written parental permission, for mental health counseling or other specialized services that can help address the child's behavior problems.
 - Developing behavioral and safety plans for children that require them. Ensuring that program staff is aware of all safety plans.
 - Train staff on what methods of appropriate interventions are allowed in the program. Policies and procedures should be developed to support program staff in the use of any approved interventions.
- 4) Supports that are available to assist child guidance efforts:
- Learn about and list available community supports as an addendum to your child guidance policy; and,
 - Ensure that program staff receives training on positive child guidance and making appropriate referrals for evaluation of children's needs.

Test the policy:

1. Does the policy support its goals? – Does it maximize children's growth and development?
2. Is the policy practical? Can staff incorporate the policy and procedures into the daily operations of the program?
3. Is the policy age-appropriate for all the children attending the program?
4. What training does program staff need to implement the policy and procedures?

Does the policy identify appropriate community resources for referrals? Check with your local department of special education, mental health center, or a state agency that deals with services to families and children.