

Health and Safety Policy

Small Steps Center has a very strict policy regarding Health and Safety of children, therefore children that are sick must stay home. Under no circumstances may a parent/guardian bring a sick child to the center. If your child becomes ill during SSC hours, a call will be made to parents to arrange for an early pick-up. A designated quiet area will be provided for the child to be picked up.

A child may not attend the SSC when he or she has a fever, has vomited within the last **twenty-four hours**, has a communicable or unexplained rash, has head lice, or has any other communicable disease. The child may return to the program when the above symptoms have been absent for 24 hours or has a doctor's clearance note. If a child has a communicable illness, SSC may require a note from the child's doctor stating the child is no longer contagious, before allowing him/her back into the program.

All SSC staff is trained in first aid and CPR. The staff will administer minor first aid treatment as needed (i.e small cuts and etc.). An injury report will be filled out and given to parents/guardians on the day of the incident. The training on first aid and CPR will be offered annually to all staff member at SSC.

1. Emergency Telephone Numbers:

Health Care Consultant:

Name: Yara Parafeynikova

Address: 40 Park Street, Newton, MA 02458

Telephone Number: 617-775-0933

Emergency Telephone Numbers:

Walpole Fire Department: 911 or 508-668-0260

Walpole Pathways Ambulance Service: 508-660-9992

Poison Control: 1-800-222-1222

DSS/Child Abuse: 800-792-5200

Public Health Department: 800-792-5200 or 800-792-5200

Emergency Health Care Facility/Hospital: 781-769-4000

Designated Adult Back-Up: Chuenjit Goerner 781-690-0026

2. Procedures for Emergencies and Illness: (parents must receive a copy of these procedures)

First aid and transportation to the hospital:

- In the case of an emergency or illness (such as an allergic reaction, a serious fall or cut, seizure, serious illness, etc.), a SSC staff member trained in first aid 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, be it the Director, lead administrator, social worker, or another person in the center.
- 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.
- 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 educator 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.
- 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.
- If the parent comes to pick up the child and needs assistance, the educator, the lead administrator, or the Director may offer to drive to the hospital or to accompany the child.
- 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 further attempt will be made 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 entire file will be taken, including permission forms.

Small Steps Center 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.

Emergency procedures when off the premises:

- 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 designated staff educator based on the severity of the emergency or illness. If necessary, an ambulance will be called.
- The Director, or other designated adult, will be contacted by the designated staff member 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 Director and or lead administrator will determine appropriate guidelines to be followed during outdoor plays or field trips to insure continuity and safety of the children including:
 - * A first aid kit will be taken on all outdoor time.
 - * Emergency information, including contacts and telephone numbers, will be taken on all outdoor time.
 - * On outdoor time, 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.

3. Plan for Managing Infectious Diseases (parent must receive a copy)

Staff will take extra special precautions when children who are ill (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 our center's 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 conductive 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.
- Various 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). Facts 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 Director or the designated administrator will 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 examples: 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 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 Director or the designated administrator. Whenever possible, information regarding the communicable disease shall be made available to parents. The Director will consult the Child Care Health Manual for such information. Department of Public Health (DPH) must be contacted when there is a reportable communicable disease in our program.

Our 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 contraindicated. 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). Our 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.

4. Plan for Meeting the Individual Needs of Mildly Ill Child While in Care (parents must receive a copy)

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 Director or the designated administrator will contact the child's parent(s)/guardian(s). The parent(s)/guardian(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 an educator qualified staff member or by the Director until the parent(s)/guardian(s) arrives 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.

5. Plan for Administering Medication(s) Including Prescription, Non-Prescription and Topical medications Ordered by a Child's Health Care Practitioner (parents must receive a copy)

Prescription Medication:

- 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.

- We will not administer any medication contrary to the directions on the label unless so authorized by written order of the child's physician.
- The parent must fill out the Authorization for Medication Form before the medication can be administered.

Non-prescription Medication:

- Non-prescription medication will be given only with written consent of the child's physician. We 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.
- Along with the written consent of the physician, our center will also need written parental authorization. The parent must fill out the Authorization for Medication form, which allows us to administer the nonprescription medication in accordance with the written order of the physician. The statement will be valid for one year from the date it was signed.
- Small Steps Center will make every attempt to contact the parent(s) prior to 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:

- 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.
- When topical ointments and sprays are applied to wounds, rashes, or broken skin, we will follow 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 signed by the parent.

All Medications:

- The first dosage must be administered by the parent at home in case of an allergic reaction.
- All medications must be given to the teacher directly by the parent.
- All medications will be stored in the office, out of the reach of children (in the right upper shelf 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.

- The designated administrator will be responsible for the administration of medication. In his/her absence, the Director will be responsible.
- We 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.
- All unused, discontinued or outdated prescription medications will be returned to the parent and it will be documented in the child's record.
- When medications are returned to the parent, such prescription medications must be destroyed and the destruction will be recorded by the designated administrator/Director in accordance with policies and the Department of Public Health.

**Note: Emergency medications such as epinephrine auto injectors (EPI-Pens) and asthma inhalers/rescue medications etc. will be immediately available (First Aid bag) for use as needed.*

6. Individual Health Care Plans and Plans for Meeting Individual Children's Specific Health Care 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 Director or the designated administrator 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, we will substitutions for snacks and lunches when completing weekly snack and lunch menus.

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

7. Infection Control Procedure

The Director and the lead administrator 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:

Before eating or handling food:

- After toileting
- After coming into contact with bodily fluids and discharges
- After handling equipments and etc.
- After cleaning

The Director or designated administrator 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:

- **After each use:**
 - Sinks and faucets used for hand washing after the sink is used for rinsing a toilet training chair
 - Toys mouthed by children
 - Mops used for cleaning bodily fluids
 - Thermometers
- **At least daily:**
 - Toilets and toilet seats
 - Sinks and sink faucets
 - Water table and water play equipment
 - Play tables
 - Smooth surfaced non-porous floors
 - Mop used for cleaning
 - Cloth washcloths and towels
- **At least monthly or more** frequently as needed to maintain cleanliness, when wet or soiled, and before use by another child:
 - mats or other approved sleeping equipment
 - blankets or other coverings
 - Machine washable fabric toys

All staff members 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.

8. Diapering and Toileting Procedure

All staff members at Small Steps Center will ensure the followings:

- A change of clothing is available for each child.
- Diapering areas are separate from facilities and areas used for food/snack preparation.
- A supply of clean, dry diapers adequate to meet the needs of the children is maintained.
- A common changing area or diapering surface is not used for any other purpose.
- The changing surface is smooth, intact, and impervious to water and easily cleaned.
- Each child's diaper is changed on a regular basis throughout the day and when wet or soiled.
- The changing surface is protected with a covering that is of adequate size to prevent the child from coming in contact with the changing surface.
- Staff members/educators wash their hands with liquid soap and running water using friction and dry their hands with individual or disposable towels after diapering a child.
- Staff members/educators keep at least one hand on the child at all times when the child is being changed on an elevated surface.
- Each child is washed and dried with individual washing materials during each diaper change. After changing, the child's hands must be washed with liquid soap and water, and dried with individual or disposable towels.
- Soiled disposable diapers are placed in a closed container that is lined with a leak-proof disposable lining. Soiled diapers must be removed from the program daily, or more frequently as necessary.
- Soiled non-disposable diapers are placed in a sealed plastic container labeled with the child's name and returned to the child's parents at the end of the day.
- Children are toilet-trained in accordance with the request of their parents and consistent with the child's physical, emotional, and developmental abilities.

9. Personal Hygiene and Oral Health

- Staff must model and follow good personal hygiene practices at all times.
- Staff must ensure that when each child is washed, an individual, labeled washcloth or disposable material is used.
- Small Steps Center will have available sufficient clean and dry indoor and outdoor clothing to change a child's clothing or for a child to change his/her own clothing when wet or soiled and to ensure that children are dressed appropriately for the weather and for indoor and outdoor program activities. Clothing must be washed after each use.
- Staff and educators must assist children in brushing their teeth whenever they are in care for more than four hours or whenever they consume a meal while in care.
- Children must use individual, labeled toothbrushes which must be stored in a safe and sanitary manner open to the air without touching each other.

10. Injury Prevention

To prevent injury and to ensure a safe environment, the staff member who opens the center in the morning will be 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 following are more procedures:

- Liquids, foods, and appliances that are or become hot enough to burn a child will be kept out of the reach of children.
- The use of any substance that may impair the educator's alertness, judgment or ability to care for children during care hours is prohibited.
- Drinking alcohol beverages and smoking on the center premises during care hours are prohibited.
- The Director or the designated administrator will ensure that the following are easily and readily available at all times, and accompany the children anytime they leave the center in the care of staff:
 - A first aid kit
 - Current family contact information
 - Information about allergies and known medical conditions
 - Emergency or life-saving medications, such as asthma inhalers and epinephrine auto-injectors, for any children for whom they have been prescribed.
 - Telephone numbers for emergency services.
 - Authorization for emergency care for each child.
- The Director or the designated administrator will maintain adequate first aid supplies, including, but not limited to: adhesive tape, band aids, gauze pads, gauze roller bandage, disposable non-latex gloves, instant cold pack, scissors, tweezers, thermometer, and CPR mouth guard.

- The Director or the designated administrator will maintain a record of any unusual or serious incidents including but not limited to behavioral incidents, injuries, property destruction or emergencies. These reports will be reviewed by the Director on a monthly basis.
- Staff members/educators will check children's clothing to ensure that it is free from strings, laces or jewelry that could become entangled or wedged in playground equipment and present a strangulation hazard.
- Staff members/educators will protect children against cold, heat, and sun injury.
- Staff members/educators will monitor the outdoor playground and remove any hazards prior to any children using the space.

Assessing Injuries to Children in Care:

When a child is injured, staff member and educators will 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 EEC 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.

After first aid is administered and the child is calm, the administrator or a teacher should:

- Complete an injury report.
- Provide timely, full, and accurate verbal notification to parent/guardian regarding injury.
- 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:

- Administer First Aid and CPR to the child as deemed necessary based on the nature of the emergency.
- Call emergency medical services right away (**911**).
- After EMS or emergency medical services have been contacted, call the child's legal guardian.
- Take child's medical information and emergency consents to doctors' office or emergency room.

**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.*

11. First Aid

Location of 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.

Who Administers First Aid- 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.

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 Director.

Required First Aid Equipment – Adhesive tape, band aids, gauze roller bandage, disposable non-latex gloves, instant cold pack, scissors, tweezers, thermometer and CPR mouth guard.

*Note – For more information please refer to the **Injury Prevention** section.

12. Pest Management

Small Steps Center will work closely with our landlord since he is the responsible person in charge of pest control. Small Steps Center and our landlord will document compliance with the Integrated Pest Management (IPM) program of the Department of Agricultural Resources. For further information, please visit www.massnrc.org/ipm/.com.