

THE DUXBURY INTEGRATED PRESCHOOL



Health Guidelines

**93 Chandler Street
Duxbury, MA 02332
(781) 934-7680 Option 3**

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EMERGENCY NUMBERS

Fire Department	911
Police Department	911
Poison Control	800-222-1222
Duxbury Emergency Management Chief Kevin Nord	(781) 934-7159
Jordan Hospital	(508) 746-2000

Child Health Record

The Duxbury Integrated Preschool maintains an individual health record for each child that includes information required at admission:

Medical records must include:

- a physician's, nurse practitioner's, or physician's assistant's certification that the child has been successfully immunized in accordance with the current Department of Public Health's recommended schedules; No child shall be required to have any such immunization if parents object thereto, in writing, on the grounds that it conflicts with their sincere religious beliefs or if the child's physician, nurse practitioner or physician assistant submits documentation that such a procedure is contraindicated. For a child who is under-immunized because of a medical condition (documented by a licensed health care professional) or the family's medical beliefs, staff implement a plan to exclude that child promptly if a vaccine preventable disease to which the child is susceptible occurs in the program. For information regarding immunizations go to: www.mass.gov/dph/imm
- a written statement from a licensed health care practitioner that indicates that the child has had a complete physical examination within one year prior to admission.
- a statement signed by a physician or an employee of a health care agency obtained within one month of admission stating that the child has been screened for lead

poisoning. Pursuant to Department of Public Health requirements, all children, regardless of risk, must be screened for lead poisoning at least once between the ages of nine and twelve months and annually thereafter at ages two and three. Children must also be screened at age four if they live in a community deemed at high risk for lead poisoning by the Department of Public Health.

Additional health information:

- The name, address, and phone number of the child’s physician or other source of health care and health insurance coverage information required for treatment in an emergency.
- Information on allergies, special diets, chronic health conditions and/or any special limitations or concerns, including medications the child is taking at home or school and possible side effects of those medications.
- Permission to transport a child to a medical facility and for the child to receive emergency medical treatment, including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen in the event that the parent cannot be reached and when delay would be dangerous to the health of the child.
- Permission to administer basic first aid and/or CPR.
- Names of individuals authorized by the family to have access to health information about the child.
- Written parental consent for staff to apply sun screen of SPF 15 or higher that is applied to exposed skin only when necessary.
- Written parental consent for staff to apply insect repellent containing DEET when public health authorities recommend use of repellents due to a high risk of insect borne disease.

A written consent shall be valid for one year from the date of its execution unless such consent is withdrawn, in writing, prior to that time.

Review of Child Health Record

Children’s records are reviewed and updated as necessary, but no less frequently than once per year. The Duxbury Integrated Preschool will notify parents when a child is overdue for a yearly physical or any routine health services. Parents must provide evidence of an appointment before entering the program or as a condition of remaining in the program, except for any immunization for which parents are using religious or medical exemption.

Release of Child Health Record

The Duxbury Integrated Preschool has forms available for parents to sign allowing for release of child records. The form shall at a minimum contain the following information:

1. child identification information of name, birth date
2. parent information of name, address, telephone number
3. purpose for the release of the child record
4. to whom the child's record may be released
5. any limitations to the release

Medical Emergency

Any medical emergency situations at the Duxbury Integrated Preschool will be brought to the attention of the Director immediately. In the absence of the Director, the designated person serving in the Director's absence will be alerted. If a child is injured, the teacher will evaluate the child's condition and isolate the child if necessary. The Chandler School Nurse will be consulted. The teacher and School Nurse will reassure the child and administer first aid. If the child's condition is beyond the staff's ability to assess or care for, the Director will notify parents and ask them to come get their child and take them for medical care. If the parents cannot be reached, the designated emergency contact will be called. If emergency contacts cannot be reached and the child needs immediate medical attention, the Director will call 911 for emergency treatment. The child's health record containing the child's medical record, permission to treat and health insurance information will travel with the child to Jordan Hospital or where parents have requested transport to. The staff person will remain with the child until parents arrive.

An Injury Report Form must be filled out as soon as possible. Copies of the report will be given to the parents, placed in the child's file and entered in the school's Injury log. These procedures will also be followed during field trips.

If an adult is injured, the Director will arrange transportation for medical care. In the case of serious injury, an ambulance will be called to transport the injured to the nearest hospital. The Director will call the emergency contact listed in the adult's personnel file. All injuries will be documented in an accident report and filed in the office.

Administration of First Aid

All teachers will maintain current First Aid and pediatric CPR certification. At least one staff person who has a certificate showing satisfactory completion of pediatric first aid training, including managing a blocked airway and providing rescue breathing for infants and children is always present with each group of children. A first aid kit will be kept in a clearly marked location in each classroom. Kits will be checked by teachers in September, December, March and May.

First Aid Kits will accompany children when they go to the playground on walks, and on field trips.

Any person administering first aid involving an open wound, blood or bodily fluids will wear gloves. All surfaces that come in contact with blood or bodily fluids will be disinfected with bleach solution or an EPA approved disinfectant. Bloody clothing will be sealed in a plastic bag, labeled clearly and returned to the child's parent at the end of the day. All reusable first aid equipment will be sanitized after each use. Any first aid administered will be recorded on an injury report. Copies will be given to parents, placed in the child's file and recorded in the school's Injury Log. Staff will inform parents immediately if any further medical attention is needed.

Dental Emergency First Aid

In the event of an accident to the tongue, lips, cheeks or teeth, all incidents are handled quietly and calmly.

If child is bleeding:

- ~ Bleeding is stopped by applying pressure to the area
- ~ The affected area is washed with clean water
- ~ Ice is applied wrapped in clean paper towel, to prevent swelling

If the tooth is loose, chipped or knocked out:

- ~ The child's mouth is rinsed out, the area is gently cleaned
- ~ Loose teeth are not disturbed
- ~ Ice is applied, wrapped in clean paper towel, to prevent swelling
- ~ A knocked out tooth is kept moist by placing it in wet gauze in a baggie

Check the tongue, cheek and lips.

- The child's mouth is rinsed out and the area is gently cleaned
- Ice is applied wrapped in clean paper towel, to prevent swelling

The School Nurse is consulted and parents are notified.

Plan for Care of Ill Children

The Duxbury Integrated Preschool notifies a parent or guardian when a child becomes ill while in the program. When a child becomes mildly ill during the school day, teachers will make every attempt to meet the individual needs of the child for food, drink, rest, play materials and comfort. Each room will have a quiet area where mildly ill children can rest or children may be taken to the school office to rest if it better meets their individual needs. Parents will be notified immediately and when a child has any sign or symptom that requires exclusion from the program. If the child is suspected of having a contagious disease, the child will be moved to the school office with a familiar teacher and made comfortable until he or she can be picked up by parents or authorized person.

Management of Infectious Illness and Disease

The School works with families to minimize the spread of illness among children and staff. Parents are notified in writing whenever their child was exposed to any unusual level or type of communicable disease. Notification includes signs and symptoms of the disease, control measures implemented at school and any measures that families should implement at home.

In general, a child is too sick to attend school if:

- The child is too sick to participate comfortably in the program's activities
- The staff cannot adequately care for the needs of the sick child
- The child has unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of severe illness
- The child has a communicable disease that could spread to children or staff

Staff members will also be excluded from working when ill and until well enough to return.

Criteria for Excluding an Ill or Infected Child

(Adapted from the National Resource center for Health and Safety in Child Care,
STANDARD 3.065 INCLUSION/EXCLUSION/DISMISSAL OF CHILDREN)

- 1) Fever, accompanied by behavior changes or other signs or symptoms of illness until medical professional evaluation finds the child able to be included at the facility;
- 2) Symptoms and signs of possible severe illness until medical professional evaluation finds the child able to be included at the facility. Symptoms and signs of possible severe illness shall include
 - lethargy that is more than expected tiredness,
 - uncontrolled coughing,
 - inexplicable irritability or persistent crying,
 - difficult breathing,
 - wheezing, or
 - other unusual signs for the child;
- 3) Diarrhea, defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool, that is not contained by the child's ability to use the toilet. Children with diarrheal illness of infectious origin generally may be allowed to return to child care once the diarrhea resolves, except for children with diarrhea caused by *Salmonella typhi*, *Shigella* or *E. coli 0157:H7*. For *Salmonella typhi*, 3 negative stool cultures are required. For *Shigella* or *E. coli 0157:H7*, two negative stool cultures are required. Children whose stools remain loose but who, otherwise, seem well and whose stool cultures are negative, need not be excluded.
- 4) Blood in stools not explainable by dietary change, medication, or hard stools;
- 5) Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration.

- 6) Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms;
- 7) Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious;
- 8) Rash with fever or behavior change, until a physician determines that these symptoms do not indicate a communicable disease;
- 9) Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until after treatment has been initiated. In epidemics of non-purulent pink eye, exclusion shall be required only if the health authority recommends it;
- 10) Head Lice after the first treatment and the child is substantially “nit free”.
- 11) Scabies, until after treatment has been completed.
- 12) Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care.
- 13) Impetigo, until 24 hours after treatment has been initiated
- 14) Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever without medication.
- 15) Varicella-Zoster (Chickenpox), until all sores have dried and crusted (usually 6 days).
- 16) Pertussis, until 5 days of appropriate antibiotic treatment (currently, erythromycin, which is given for 14 consecutive days) has been completed.
- 17) Mumps, until 9 days after onset of parotid gland swelling;
- 18) Hepatitis A virus, until 1 week after onset of illness, jaundice, or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff members.
- 9) Measles, until 4 days after onset of rash;
- 20) Rubella, until 6 days after onset of rash;
- 21) Unspecified respiratory tract illness,
- 22) Shingles (herpes zoster).
- 23) Herpes simplex

Infection Control

Infection control practices help reduce the spread of illness caused by germs. Universal precautions means using the same infection control practices such as hand washing, using gloves, and cleaning and disinfecting when dealing with the blood or bodily fluids of all children and adults, at all times.

Hand washing

- Facilities used for hand washing after toileting are separate from areas used for food preparation.
- Staff and children should wash their hands with liquid soap and running water at least at the following times:
 - Upon arrival at school
 - Before eating or handling food
 - After toileting and diapering

- After coming into contact with bodily fluids or discharges
- After handling center animals or equipment
- After cleaning classroom equipment
- Before visiting a new classroom
- Before and after administering medication

Gloves - Disposable gloves are worn when:

- Caring for bloody injuries
- Cleaning surfaces and handling items soiled with blood
- Providing mouth or eye care
- Cleaning large spills of bodily fluids
- Gloves are changed and hands are washed after each individual contact
- Diapering and Toileting

All staff are trained in infection control procedures.

Sanitizing

- All surfaces and objects in the School are cleaned and disinfected on a regular basis following NAEYC “cleaning and Sanitation Frequency Table”

Plan for Meeting Specific Health Care Needs

Parents are asked about allergies to medication, food and the environment on the Enrollment form. Physical exam forms are checked for other special health issues. Individual Health plans will be developed for children with significant health concerns or needs. Planning will involve parents, physicians and appropriate program staff. These plans will be distributed to other program staff as needed for the health and safety of the child. With a parent’s permission these plans will be posted in visible areas of the classroom to ensure the safety of the child.

Medication Procedure

Strict policies must be followed regarding medication administration. There will be no exceptions. The procedure on administering medication will be provided to parents prior to admitting a child to the program.

It is the policy of The Duxbury Integrated Preschool that if a child requires medication that must be administered during the school day, the licensed prescriber

and the parent must fill out, date, and sign a Medication Authorization Form. This policy covers both prescription and non-prescription medications.

Medication will be transported by a responsible adult. Prescription medications must be in their original container with the licensed prescriber's written directions on it. The label must state the child's name, the frequency and amount of each dosage, and the number of days the medication is to be administered. The staff will not administer medication contrary to the directions on the original container. Medications will be stored out of children's reach in a locked cabinet/container, and under proper conditions for sanitation, preservation, security and safety. Any unused medication will be returned to the parent.

Non-prescription medication will be administered with written permission from the physician and the parent. It will be administered only as directed on the label. Written parental authorization for administration of non-prescription medication with the written order of the physician will be valid for one year. The parent will be contacted each time a non-prescription medication is given.

Topical medications such as petroleum jelly, ointments, and anti-bacterial ointments if they are applied to rashes, broken skin or wounds also need written parental and prescriber permission. However, parents need not be notified each time they are applied.

We recommend other ointments such as sunscreen and insect repellent be applied by parents before children come to school. However, staff will apply insect repellent with written permission from the parent provided the skin has no wounds, rashes or broken skin. Sunscreen will be re-applied by staff in the afternoon only with written permission from parents.

All medications must be in the original container and clearly labeled with the child's name.

Child Abuse and Neglect Procedure

1. All staff who have unmonitored contact with children will undergo an DEEC Background Record Check including CORI and DSS background information to demonstrate they have no criminal record relating to child abuse, neglect or child sexual abuse.
2. The Child Abuse and Neglect Procedure will be given to all staff and discussed at the first staff meeting of the year. The procedure will state that sexual activity with children is illegal. This procedure will also apply to volunteers in our classrooms. The procedure will be posted and will also be included in the Parent Handbook.
3. The Director will verbally report any suspected or alleged incident of abuse by a staff member to the Department of Social Services pursuant to M. G. L. c. 119, 51A. Within 48 hours, a written 51A report of the incident will be sent to DSS. The Director shall notify the DEEC 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 program or during a program related activity. The Duxbury Integrated Preschool will cooperate in all investigations of abuse and neglect, including identifying parents of children currently or previously enrolled in the program: providing consent for disclosure to the DEEC, and allowing the DEEC to disclose information to any person and/or agency the DEEC may specify as necessary to the prompt investigation of allegations and protection of children.
4. The staff member in question will be removed immediately from working with the children until the DSS investigation is completed and for such further time as the DEEC requires. Staff members who are subjects of substantiated 51A reports are terminated from employment
5. All Duxbury Integrated Preschool staff by state law are considered to be “mandated reporters”. Therefore, any staff person that suspects child abuse, neglect or sexual abuse must report the incident to the Director. If it is felt that child abuse, neglect or sexual abuse has taken place, the parent will be informed by the Director that a 51A has been filed with the Massachusetts Department of Social Services.
6. Children are only released to authorized parent/guardian or person authorized in writing.
7. Parents must inform the Director of any changes in the following:
 1. Legal/physical custody
 2. Home address or phone numbers
 3. Emergency contact person or emergency phone numbers
 4. People authorized to take children from The Duxbury Integrated Preschool.

Injury Prevention Plan

Teachers inspect outdoor and classroom environments and equipment daily and report any hazards to the Director.

All hazardous substances, poisonous plants, sharp objects are out of children's reach and secured.

All medication is kept out of reach of children. If medication must be available for a student in a classroom it is kept in a locked cabinet. The only exception being Epinephrine, which is kept out of the reach of children, but in a place easily accessible by teachers in case of an emergency.

Outside, staff monitor the playground at all times. Playground rules are presented to the children at the beginning of the year and are reinforced daily. All play areas are checked for any hazardous materials or conditions before children enter the playground.

An injury log is maintained by the School. The log is reviewed periodically by the Director to ascertain any repeated problem areas or equipment that may be contributing to injuries. All injuries are reported to parents on an Injury Report form with 24 hours. A copy of the Injury Report form is kept in the child's file.

There is No Smoking allowed on school premises including all Chandler Elementary School buildings, playgrounds and parking areas.

Emergency Procedure in Case of Fire

Upon discovery of fire or suspicion of fire, the Director will alert all teachers. The teacher will alert children to line up at the safest door to exit.

Teachers will take the attendance list, Emergency file with contacts and hospital consent forms, and First Aid Bag including all child medications with them.

The teachers will escort the children out of the building and proceed to the playground area. Teachers will gather the children in designated areas and take attendance. The children will remain outdoors until the emergency is over and the fire department gives

permission to re-enter the school. In the event that the children may not return to classrooms, the Director will contact the Duxbury police to assist. Parents will be contacted to pick up children.

Fire Drills

Explanation and diagrams of 2 exit routes are posted in the classroom. Instruction is given to children on the meaning of fire drills and the importance of fire safety.

Children are informed that in the event that the class had to leave the school in an emergency, we all leave together and all areas, including the bathroom is checked by a teacher to make sure all children are together.

Teachers provide clear directions to children in a calm voice. The teachers alert children to line up at the safest door to exit. Teachers take the attendance list, Emergency file with contacts and hospital consent forms, and First Aid Bag including all child medications with them.

The teachers escort the children out of the building and proceed to the playground area. Teachers gather the children in designated areas and take attendance.

The first fire drill takes place in September and drills are repeated every month.

Teachers log the time, date and effectiveness of Fire drills in attendance book.

Emergency Evacuation Procedure

Should evacuation of the School be necessary, the Director will alert all teachers. The teachers will alert children to line up at the safest door to exit. The Director will assist with evacuation and make sure that everyone has left the building. Teachers will take the attendance list, Emergency file with contacts and hospital consent forms, and First Aid Bag including all child medications with them.

The teachers will escort the children out of the building and proceed to the playground area. Teachers will gather the children and take attendance. The children will remain until the emergency is over. In the event that the children may not return to classrooms, Parents will be contacted to pick up children. In the event of an ALERT at the Pilgrim Nuclear Power Station, the Director will contact Duxbury Police to assist in implementing the evacuation procedures established by the Duxbury Office of Emergency Management.

Duxbury Emergency Management

Duxbury Emergency Management officials in cooperation with the Duxbury integrated Preschool have developed detailed plans and procedures for use during an emergency at the Pilgrim Nuclear Power station. The plans dictate that you will be contacted by the school to pick up your child well before any danger to the general public. The plans also state that if the emergency at Pilgrim Station were to escalate to a classification in which Massachusetts state officials directed the precautionary transfer of all school children and the school was unable to contact you or one of your emergency contacts, your child would be transported by bus to a host facility outside of the emergency area and cared for by staff. The Duxbury Integrated Preschool emergency plan is to have all children released to parents or emergency contacts well before the state calls for a precautionary transfer.

The host facility for the Duxbury Integrated Preschool is Braintree High School, 128 Town Street in Braintree, Massachusetts. Directions to this site will be in your parent orientation folder. Parents should share this information with anyone who is authorized to pick up their children. More information about Duxbury Emergency Management is available at their website, www.town.duxbury.ma.us or by calling Chief Kevin Nord at 781-934-7159.

Integrated Pest Management Plan

Massachusetts regulations require that schools and child care programs must ensure that their facility ("school property") has an Integrated Pest Management (IPM) plan on file with the Department of Agricultural Resources. They are also required to ensure standard written notification of parents and staff whenever a pesticide application is being made outdoors on school property. Emergency situations may require an exemption from the conditions of the law. Exemptions are granted by their local Board of Health or Department of Agricultural Resources.