

PROCEDURES FOR EMERGENCIES AND ILLNESS

(Parents must receive a copy of these procedures)

First Aid and Transportation to the Hospital

1. In the event of an emergency or illness (such as a seizure, a serious fall or serious cut), the Site Coordinator or designated staff in charge will begin administration of emergency first aid while another staff escorts the children to another area. Staff members are trained to respond in a calm and reasonable manner.
2. Another staff will contact the parent/guardian and alert them of the situation so they can come and pick up the child. If response time is a factor, the parent/guardian may have to meet the child and the accompanying staff at the emergency room of the hospital utilized in emergencies. A staff member must call one of the Co-Executive Directors to apprise them of the situation.
3. In the event a situation arises that is life threatening, an ambulance will be called immediately. The parent/guardian will be called to meet the child and staff at the hospital. The site coordinator or designated staff in charge will go with the child in the ambulance. The child's file will be taken, including permission forms and pertinent insurance information, if available, and a working cell phone.
4. If the parents/guardians cannot be reached, the staff will attempt to contact the people whose names are given as emergency contacts on the registration form. In the event that neither parents/guardians nor other persons listed are available, the staff will call 911 for emergency assistance from the Town of Northborough. Staff will ask the police or ambulance responding to transport the child and one staff to Marlboro Hospital or the requested hospital on the registration form. Responding professionals will make the final decision as to which hospital will be utilized after assessing the situation.
5. From the hospital, the staff person will continue to attempt to contact the parent/guardian or an emergency contact person.
6. Failing to reach anyone, decisions regarding proper medical treatment will be left solely to professional staff at the hospital. This would include the administration of anesthesia and any other steps considered necessary by the attending physician.

Emergency Procedures When Off the Premises (including walks off the premises, field trips, and participation at off-site facilities).

1. In the event that an accident or acute illness occurs while on a field trip or other off site activity, the site coordinator or designated staff in charge will 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 site coordinator or designated staff in charge based on the severity of the emergency or illness. If necessary, an ambulance will be called.
2. If the ambulance is needed to transport the child for medical treatment, the site coordinator or designated staff in charge will accompany the child to the hospital and notify parents/guardians. The other staff and children will remain at the trip site and will be transported back to the program site.

3. The Co – Executives will be contacted by the site coordinator or designated staff in charge as soon as possible and informed of the nature and extent of the injury and the proposed plan of action.
4. As a preventative measure, prior to the departure from the program site, the site coordinator or designated staff in charge will determine appropriate guidelines to be followed during the field trip or off site activity to insure continuity and safety of the children including:
 - A first aid kit will be taken in all vehicles or carried by staff on all field trips or off site activities.
 - Emergency information, including contacts and telephone numbers will be taken on all field trips and off site activities.
 - On a field trip or off site activity must know the location of a telephone or have a working cell phone available

The program site coordinator will immediately report the situation to the Co – Executive Directors. The Co-Executive Directors will inform the Department of Early Education and Care of any serious injury, illness, death or in-patient hospitalization of a child which occurs during the hours the child is enrolled in care and send a written report within 48 hours

PLAN FOR INJURY PREVENTION

- A. To prevent injury and to ensure a safe environment, the staff members are 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 site coordinator. If necessary, the site coordinator or designated staff in charge will bring the repairs needed or unsafe conditions to the attention of the school principal.

All staff will monitor the outdoor playground area and remove any hazards. Repairs or unsafe conditions will be reported to the school principal.
- B. No smoking is allowed on the premises.
- C. Toxic substances, sharp objects and other hazardous items will be stored out of the reach of the children.
- D. A first aid kit and emergency contacts and telephone numbers for the children will be taken on all field trips and off site activities. A working cell phone will also be available.
- 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 the 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 will use the Accident/Injury Report Form to record the above information. Staff members are required to submit the completed form to the site coordinator for review.

Once the site coordinator has reviewed the Accident/Injury Report form and has signed it, the form is given to the parent/guardian at the time of pick-up. The parent/guardian reviews the information and signs the form. The parent/guardian will receive a copy.

The staff member will log the report in the Central Log of Injuries and then files the report in the child's file.

Only staff who have current First Aid will be allowed to administer first aid no matter how minor the injury.

PLAN FOR MILDLY ILL CHILDREN

Children who are mildly ill may remain in the program if they are not contagious (refer to Plan For Infectious Disease) and they can participate in the daily activities 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 program staff, the site coordinator or designated staff in charge will contact the child's parent/guardian. The parent/guardian will be asked to pick the child up. The child will be cared for in a designated quiet area by a staff until the parent/guardian arrives to take the child home.

Children may return to the program when they return to school. If the child still seems unwell due to the length of the child's day, parents/guardians may be called for an earlier pick-up time.

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

At the time of registration, parents/guardians are required to list any known allergies on the application form. The information is updated yearly or as necessary throughout the program year.

All allergies or other important medical information are posted at each of the program sites in the staff cabinet and in the snack storage cabinet/container. Allergies lists are updated as necessary, i.e. when new children enroll, unknown allergies become known.

All staff and substitutes are kept informed by the site coordinator so that children can be protected from exposure to foods, chemicals, pets or other materials to which they are allergic.

For a child with food allergies, a list of acceptable snack items will become part of the NEDP grocery list and/or parents will be asked to provide their child's snack. A "peanut free" table will be provided for those children needing this accommodation.

The names of children with allergies that may be life threatening (i.e. – bee stings, peanut allergies), will be posted in conspicuous locations with specific instructions, if an occurrence were to happen. Epi Pens, provided by parents/guardians, are readily accessible in the event a treatment is needed. The site coordinator will be responsible for making sure that staff receives appropriate training to handle emergency allergic reactions.

PROCEDURES FOR USING AND MAINTAINING FIRST AID EQUIPMENT

Location of First Aid Kit

Each program will have a first aid kit. It will be located on the top shelf of the staff storage cabinet in the cafeteria. The first aid kits are out of the reach of the children but easily accessible in case of emergency.

Portable first aid kits used on field trips include: first aid supplies and children's emergency contacts and telephone numbers.

Who maintains the first aid kit ?

The first aid kit is maintained by the site coordinator or designated staff person. First aid kits at all programs will be inspected monthly but supplies will be replaced as needed. Staff will report any missing items to the site coordinator or designated staff person.

Who administers first aid?

Staff certified in first aid and in accordance with recommended procedures will utilize all first aid supplies and/or equipment.

NEDP requires all site coordinators and group leaders to 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.

All NEDP staff are required, by EEC, to participate annually in a training that addresses the 5 Rights of Medication Administration.

Contents of First Aid Kit (s):

Adhesive tape	Scissors	Flashlight
Band-Aids	Thermometer and sheaths	Pencil and paper
Gauze pads	CPR mouth guard	Universal Precautions
Gauze roller bandage	Antibacterial soap	Instructional Guide
Disposable non-latex gloves	One Bottled Water	
2 instant ice packs (minimum)	Clean covered container	

PLAN FOR ADMINISTRATION OF MEDICATION

School regulations prohibit any child from carrying medicines on his/her person. Therefore, if medication is needed during program hours, parents/guardians will need to drop off the medication at the School Nurse's Office prior to the child's attendance for that day.

A phone call or note must also be sent with your child to the program to let staff know the medicine is with the nurse.

Prescription Medication

1. Prescription medication must be 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, the physician's name and phone number and storage on the label. This prescription label will be accepted as the written authorization of the physician.
2. NEDP staff will not administer any medication contrary to the directions on the original container unless so authorized by written order from the child's physician.
3. The parent/guardian must fill out the Medication Consent Form before the medication can be administered.

Non – Prescription Medication

1. Non- prescription medication will be given only with the written consent of the child's physician. Our staff will accept a signed statement from the physician listing the medication(s), dosage and criteria for its administration. This statement will be valid for one year from the date that it was signed.
2. Along with the written consent of the physician, NEDP will also need written parental authorization. The parent/guardian must fill out the Medication Consent Form, which allows our staff 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.
3. The site coordinator or designated staff in charge will make every attempt to contact the parent/guardian prior to the 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/guardian will be valid for one year and include a list of topical non-prescription medication.

1. A written dated and signed request must be attached to the medication or given to the staff indicating authorization for administering the medicine. The child may be permitted to administer his/her own medication under the supervision of staff. Please include the nature of the illness and reason for the medication. All requests will be kept in the child's folder. Children with asthma may carry and use their own inhalers as needed without direct supervision of staff after written parental consent and authorization of a physician is given to staff.
2. When topical ointments and sprays are applied to wounds, rashes or broken skin, NEDP will follow its written procedure for non – prescription medication which includes the written order of the physician, which is valid for one 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 NEDP staff directly by the parent/guardian.

3. All medications will be stored in zipper bags with the child's name on it out of the reach of children in the staff cabinet. All medications that are considered controlled substances must be locked and kept out of the reach of children
4. The site coordinator will be responsible for the administration of medication. In his/her absence, the designated staff in charge will be responsible.
5. NEDP staff 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.
6. All unused medication will be returned to the parent/guardian.

PLAN FOR MANAGING INFECTIOUS DISEASE

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

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 program 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 than the program staff can provide without compromising the health and safety of the other children;
- the child has the following conditions: fever, unusual lethargy, irritability, persistent crying, difficulty breathing, or other signs of serious illness;
- diarrhea;
- vomiting two or more times in the previous 24 hours at home or once at the program;
- 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 a fever for 24 hours;

Reportable Diseases to the Health Department

- 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 Department of Public Health. www.state.ma.us/dph
- chicken pox, until the last blister has healed over;
- Pertussis (Whooping Cough).

A child who has been excluded from the program 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 risk to him or her or to other children. Nevertheless, NEDP may make the final decision concerning the inclusion or exclusion of the child.

If a child has already been admitted to the program 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 a comfortable place in which to rest. 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, the parent/guardian will be contacted immediately and asked to pick the child up as soon as possible.

When a communicable disease has been introduced into the program, parents/guardians will be notified immediately, and in writing by the program site coordinator or designated staff in charge. Whenever possible, information regarding the communicable disease shall be made available to parents/guardians. The site coordinator at each program shall consult the Child Care Health Manual for such information. The Department of Public Health (DPH) will be notified when there is a reportable communicable disease at the program.

PLAN FOR INFECTION CONTROL

All staff will practice universal precautions (consider everything infected – wear gloves, wash hands, etc.)

The site coordinator shall insure 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 in contact with bodily fluids and discharges;
 - c. After handling visiting animals to the program or their equipment; and
 - d. After cleaning

Procedures for washing and disinfecting specified equipment, items or surfaces

Program tables used for snacks are cleaned with a disinfectant wipe before and after snack by staff members.

Toilet and toilet seats, sinks and faucets, drinking fountains and tables are washed with soap and water and disinfected daily by the custodian.

Procedures for the clean-up of blood and bodily fluids

All staff will wear non-latex gloves when they come into contact with blood or body fluids. Specifically, gloves should be worn during a situation when assisting a child with toileting, when administering first aid for a cut, bleeding wound or a bloody nose.

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 in the janitors closet and mark "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

EMERGENCY EVACUATION

Emergency Evacuation Plans are posted at all exits.

During an emergency evacuation the designated staff member will be responsible for gathering the children at the appropriate exit and lead the children out of the building. Another staff will be responsible to take the attendance book and continue to gather the children to lead them out. Any other staff will assist in the evacuation and check for stragglers.

Once outside at the designated meeting area, the staff with the attendance book will take the attendance.

The site coordinator or designated staff in charge will make a visual inspection of all areas the children may have been in, including the bathrooms, before exiting the building.

NEDP will maintain a daily attendance list that is current. Staff are responsible for documenting when children leave the program on the attendance sheet to assure the number of children in attendance equals the number of children safely evacuated. The attendance sheet is located on the staff table as to be easily accessible during an evacuation emergency

Emergency evacuation drills are conducted every other month at different times of the program day as determined by the Site Coordinator.

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

It is the responsibility of the Site Coordinator to maintain documentation of the date, time and effectiveness of each drill in the Fire Drill Log. This documentation will be maintained at the NEDP Administrative Office.

Contingency plans for fire, natural disaster, loss power, heat or water

The programs will comply with the requests/warnings of the Civil Defense Director, Fire and/or Police Departments in the event of a natural disaster. Attached is a listing of the emergency broadcasting radio stations. As each emergency would require different actions, the programs would follow the information regarding protective action to be taken to minimize injuries. Within the Civil Defense guidelines, staff would follow appropriate measures to expedite the safe return of the participants to their families. If an emergency requiring evacuation from one site occurs, the children will be moved to a secure area and parents notified. The programs are in session when school is in session; if school is cancelled, the programs are cancelled. For any potential disaster that may allow time for early notification, i.e., hurricane, the program would be cancelled and the school would be responsible for the children.

In the event of loss of power, heat or water at a program site, the program will close. The staff will call parents and/or emergency contacts and inform them of the physical building problem and request immediate pick up of the participants. Staff will remain on site until all children have been picked up.

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 (DCF) formally the Department of Social Services (DSS).

The following procedure will be followed:

1. A staff member who suspects abuse or neglect must document his/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 NEDP Site Coordinator.
2. The NEDP Site Coordinator or the staff member will consult with the NEDP, INC. Co-Executive Directors who will further assess the information and make a verbal report to DCF, to be followed by a required written report 51A within 48 hours. It will be the responsibility of the NEDP Co- Executive Directors to maintain 51A report records.
3. If a staff member feels that an incident should be reported to DCF, and the NEDP Site Coordinator and/or Co Executive Directors 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/guardians by the NEDP Site Coordinator unless such a report is contra-indicated.

Procedure for Identifying and Reporting Child Abuse/Neglect while in the care of the NEDP Program

It is NEDP's commitment to protect all children in our care from abuse and neglect. The following are procedures for reporting suspected child abuse/neglect while the child is in NEDP's care.

Any report of suspected abuse or neglect of a child will be immediately reported to the Department of Children and Families (DCF) and the Massachusetts Department of Early Education and Care (EEC). A meeting will be held with the NEDP Site Coordinator, the NEDP, INC. Co-Executive Directors and the staff member in question to inform him/her of the filed report.

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

Following the investigation by the Department of Children and Families (DCF) and any further investigation by the Massachusetts Department of Early Education and Care (EEC), the NEDP, Inc. Co-Executive Directors in consultation with the NEDP, Inc. Board of Directors shall make the determination as to the staff member's employment status. Furthermore the Co- Executive Directors will make recommendations as to any programmatic changes that might prevent similar incidents in the future. This policy shall be part of every volunteer and paid staff person's orientation to the program.

If the report is screened out by DCF, the NEDP, Inc. Co- Executive Directors have the option of having the staff member remain on suspension, pending the EEC investigation, or allowing the staff member to return to the program. This decision will be made by the Co-Executive Directors 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 Co-Executive Directors whether or not the staff member will be reinstated,

The NEDP Site Coordinator and the staff will cooperate fully with all investigations.

The Worcester Department of Children and Families' telephone number is (508) 929-2000.

The Massachusetts Department of Early Education and Care's telephone number is (508) 798-5180.

W. Location for storage of:

Toxic substances: Schools: Kept in custodian's storage area

Medication: School: Nurse's Office or Locked in Staff Cabinet

Hazardous Items: None

- REMINDER:** Copy to each staff person
Each staff is trained in health care policies during orientation
Parent/Guardian furnished copy upon request
Posting of location of health care policy and first aid kit at each program