**South Walpole Community Preschool**

**1886 Washington Street**

**South Walpole, MA. 02071**

**508-668-4331**

**Health Care Policy**

**Health Care Consultant**

Sarah Smith McAlvin RN,MSN,CPNP 617-913-7065

20 Bubbling Brook Rd.

Walpole, MA. 02081

**Walpole Police Department** **911**

Alternate Emergency 508-668-3406

Non-Emergency 508-668-1095

**Walpole Fire Department** **911**

Non-Emergency 508-668-1095

**Poison Control Center**  **1-800-222-1222**

**Massachusetts State Police** 508-543-8550

**Caritas Norwood Hospital** 1-781-769-4000

800 Washington Street, Norwood

**Department of Early education and Care**

1 Washington Street Taunton, MA. **Licensor**: Mary McCarthy 508-967-3415

Mary.mccarthy2@state.ma.us

**Illness and Emergency Procedures**

**In case of illness**

1. The Director, Lead Teacher, or other staff member will call the child’s parents or emergency contact if parent can’t be reached.

**All necessary phone numbers are posted by each phone**

1. The child will wait in the director’s office and rest until they are picked up. If child is being sent home with COVID symptoms they will wait in our designated COVID area.
2. If the illness is considered contagious all other parents will be notified by posting illness on classroom door. For COVID related sickness parents will be notified by email.

**In case of emergency**

Use basic First Aid appropriate for the emergency. If help is needed

1. The Director will call 911.

2. The director will call the parents or emergency contact and they will call the child’s doctor.

3. If needed, the ambulance will transport the child to the hospital indicated on the emergency form. The director will take the child’s file and accompany them in the ambulance.

4. The teacher and or other staff will continue to try and contact the parents. They will be notified as to where to find their child.

**Field Trip Emergency Procedure**

1. Written Permission slip for field trips will be required.

2. The permission slip shall include a phone number and alternate number that can be used to contact the parent during the time of the trip.

3. These slips along with the child’s Emergency contact information will be taken on the field trip.

4. An emergency first aid kit will be taken with each group of children and also any emergency medications a child may need while on the trip. (as permitted by the signed medication form)

5. All vehicles used to transport the children will be properly insured. Staff members will not drive the children in their cars.

\*\*\*\*\* There will be no Field Trips for the 2020/2021 school year.

**First Aid Staff Requirements**

1. All staff will be required to be trained in the basic first aid.

First Aid training will include awareness of infection control and symptoms of probable infections.

1. CPR will be required of all staff. (First Aid and CPR classes will be approved by EEC and out Health Care Consultant)

**Sick Child Policy:** Children showing signs of illness such as fever, vomiting, diarrhea, undiagnosed rash, extreme cold symptoms or any other communicable diseases may **NOT ATTEND** school. This is for your child’s comfort as well as the health of the other children and staff.

A Child will not be able to return to school until they have been symptom free for 48 hours.

Children who become ill while at the preschool will be removed from the classroom and will stay in the Directors office until a parent or authorized person can pick them up..

Children who have communicable diseases such as impetigo, chicken pox, measles, strep throat, Pertussis will be able to return to school with a doctor’s note and after the **proper treatment has been started and they have been fever and symptom free for at least 24 hours.**

\* **During peak flu season we will be taking extra precautions and being extremely diligent to ensure the safety and health of the students enrolled at South Walpole Community Preschool**.

**Infection Control and Sanitation Procedures**

The teachers shall insure that all children and staff wash their hands w/ liquid soap and running water using friction. Hand will be dried with individual or disposable towels. Children and staff will wash their hands at least:

1. Before eating and handling food.
2. After toileting
3. After coming into contact with bodily fluids and discharge
4. After handling center animals or their equipment
5. After cleaning
6. The license shall ensure that the specified equipment, items or surfaces are washed with soap and water and disinfected.

**First Aid:** All staff is trained in First Aid/CPR . The Directors Office will contain a First Aid Kit and manual as well as one in each classroom. The kit will contain adhesive tape, band aids, compress, gauze, gloves, ice packs, scissors, tweezers and thermometer.

**\*\*\*\*\* Please see updated procedures for COVID-19**

**Hygiene and Health Practices**

Adequate supplies and back up supplies will be stocked to promote frequent and effective hygiene behaviors.

\*Handwashing facilities with soap, water, and disposable paper towels will be readily accessible to all children and staff.

\*Handwashing instructions will be posted near every handwashing sink, where they can easily be seen by children and staff.

\*Hand sanitizer with at least 60% alcohol will be utilized at times when handwashing is not available, as appropriate to the ages of children and only with written parent permission to use.

\*Hand sanitizer will be stored securely and used only under supervision of staff. \*Staff will ensure that children do not put hands wet with sanitizer in their mouth and will teach children proper use.

**\*\*\*\*\*Updated COVID Procedures**

\*Hand hygiene stations will be set up at the entrance of each building so that children can clean their hands as they enter. Hand sanitizer with at least 60% alcohol will be provided at sign in and use will be allowed in accordance with the guidelines above. If hand sanitizer use is not appropriate or not approved children will be escorted to go to the nearest handwashing station upon entry.

\*Sanitizer will be kept out of children’s reach and use will be supervised.

\*Children and staff must wash their hands or use hand sanitizer often, making sure to wash all surfaces of their hands (e.g., front and back, wrists, between fingers).

\*Staff and children must regularly wash their hands with soap and water for at least 20 seconds and should wash hands whenever the following criteria are met:

• Upon entry into and exit from program space

• When coming into the program space from outside activities

• Before and after eating

• After sneezing, coughing or nose blowing

• After toileting and diapering

• Before handling food

• After touching or cleaning surfaces that may be contaminated

• After using any shared equipment like toys, computer keyboards, mouse

• After assisting children with handwashing

• Before and after administration of medication;

• After contact with facemask or cloth face covering

• Before and after changes of gloves.

Children, families, and staff should avoid touching their eyes, nose, and mouth. Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer (if soap and water are not readily available and with parental permission and careful supervision as appropriate to the ages of the child). Teach, model, and reinforce the following healthy habits.

\*Classroom educators are trained to recognize the symptoms of COVID-19 (fever100, cough, sore throat, difficulty breathing, fatigue *when associated with another symptom*, headache, new loss of smell/taste, new muscle aches) and will perform routine screening checks during the program day within their cohort. \*Educators will use proper PPE while performing screening checks and will make use of acrylic barriers when necessary. Daily arrival screening checks will be performed prior to entering the program while self-monitoring will be required prior to arrival at the program.

***Individuals who decline to complete the screening will not be permitted to enter the program space.***

• Staff will make a visual inspection on arrival of each child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. Confirm that the child is not experiencing coughing or shortness of breath. In the event a child is experiencing shortness of breath or extreme difficulty breathing, call emergency medical services immediately.

### Isolation and Discharge for COVID

*The goal of the isolation and discharge plan is to minimize the risk of exposure between a child or staff.*

**Preparing for a potential exposure**

Children or staff who becomes sick will be removed from the classroom and taken to the designated isolation area in each building.

\*The door to the isolation room will be closed. Isolated children will be supervised at all times. A separate bathroom will be made available for use by sick individuals only. Others will not enter isolation room/space without PPE appropriate to the care setting. When possible, a window will be opened and/or good air circulation will be ensured.

A back-up coverage plan will allow for staff coverage in case a child or staff becomes sick.

Masks will be available for use by children and staff who become symptomatic, until they have left the premises of the program.

I**f a Child Becomes Symptomatic:**

• Immediately isolate from other children and minimize exposure to staff.

• Whenever possible, cover children’s noses and mouths with a mask or cloth face covering.

• Contact the child’s parents and have the child picked up as soon as possible.

• If the child has symptoms but not otherwise exposed to COVID-19, they may not return to childcare until the symptoms abate.

**If a Staff Becomes Symptomatic:**

• If a staff member becomes symptomatic, they will cease childcare duties immediately and be removed from others until they can leave.

• Staff must regularly self-monitor during the day to screen for new symptoms.

• If new symptoms are detected among a staff member, follow the requirements on how to handle symptomatic individuals.

**If a Child or Staff Contracts COVID-19:**

Sick children or employees who are COVID-19 positive or symptomatic and presumed to have COVID-19 must not return until they have met the criteria for discontinuing home isolation and have consulted with a health care provider.

• Determine the date of symptom onset for the child/staff.

• Determine if the child/staff attended/worked at the program while symptomatic or during the two days before symptoms began.

• Identify what days the child/staff attended/worked during that time.

• Determine who had close contact with the child/staff at the program during those days (staff and other children).

**If the individual tests positive for COVID-19 but is asymptomatic**:

• Isolation may be discontinued when at least 10 days have passed from the date of the positive test, as long as the individual remains asymptomatic. For example, if the individual was tested on April 1, isolation may be discontinued on or after April 11, if the individual still has no symptoms.

**Notifying Required Parties:**

• In the event that a program experiences an exposure, we will notify the following parties:

o Employees and families about exposure but maintain confidentiality.

o Local board of health if a child or staff is COVID-19 positive.

o EEC if a child or staff member has tested positive.

**Self-Isolating Following Exposure or Potential Exposure:**

• In the event that a staff member or child is exposed to a sick or symptomatic person, the following protocols will be followed.

o If a child or staff has been exposed to COVID-19, regardless of whether the individual has symptoms or not, the child or staff will not be permitted to enter the program space and will be sent home.

o Exposed individuals will be directed to stay home for at least 14 days after the last day of contact with the person who is sick.

o The program will consult the local board of health for guidance on quarantine for other children and staff and what additional precautions will be needed to ensure the program space is safe for continued childcare services.

o If an exposed child or staff subsequently tests positive or their doctor says they have confirmed or probable COVID-19, they will be directed to stay home for a minimum of 10 days from the 1st day of symptoms appearing AND be fever-free for 72 hours without fever reducing medications AND experience significant improvements in

symptoms. *Release from isolation is under the jurisdiction of the local board of health where the individual resides.*

o If a child’s household member or staff’s household member tests positive for COVID-19, the child or staff must self-quarantine for 14 days after the last time they could have been exposed.

**If an Exposed Child or Staff Remains Asymptomatic and/or Tests Negative for**

**COVID-19:**

• If the exposed individual remains asymptomatic and/or tests negative for COVID-19, they must remain in quarantine and continue to monitor for the full 14 days.

**Injury Prevention and Evacuation Procedures**

Evacuation Procedures

1. Each classroom will have posted by their doors, procedures for evacuation.
2. Fire Drills will happen monthly and will be recorded in the director’s office.
3. Teachers will count their children and lead their class to the most convenient exit. Once to their designated evacuation area they will take attendance again.
4. The director will check the building for any remaining children.

**Injury Prevention Procedures**

1. Each classroom shall be monitored daily by the staff for hazards or repair that could cause injury
2. All toxic substances, poisonous plants, first Aid supplies, medications, sharp objects, matches, and all other hazards’ objects will be kept in secure places out of reach of children.
3. All injuries will be recorded in the injury log, and the log will be regularly evaluated so as to detect any pattern in in injuries.

**Medication:** The staff at South Walpole Community Preschool will administer medications to children in emergency situations under the following guidelines

* Prescribed by a licensed physician
* Medication must be in the original container
* Date prescription was filled and expires printed on label
* Medication is in original childproof container.
* An authorization form signed by parent giving teacher permission to administer medication.

**Health Forms:** Each child will be required to have a recent physical (within one year of when they start school) before they will be permitted to start preschool. All immunizations including a recent Lead Test must be current for the age of the child that are required by State Law. NO CHILD will be permitted without this on file.

**Allergies:** At the time of enrollment the parent will be required to list all known allergies. This information will be clearly posted in every classroom. It is the responsibility of every staff person to protect the children in their care from known allergens.

Parents of children who have been prescribed an Epi-Pen must provide documentation and an Epi-Pen will be kept in each child’s classroom in its original box. Teachers will be knowledgeable of the symptoms and signs of a severe allergic reaction and of the proper use of the Epi-Pen. 911 will be called any time the Epi-Pen is used.

**Identifying Children’s Allergies**

1. Enrollment forms provide a space to record any known allergies.
2. The child’s name and particular allergies will be posted visibly in each child’s classroom and by the school phone.
3. Each child with severe allergy will have an Individualized Health Plan
4. Snacks are brought from home and parents have been notified that , WE ARE A PEANUT/ TRESS NUT FREE CENTER.
5. Medication will be given if needed with parental consent.

**Child Abuse and Neglect**

1. All staff are mandated reporters of suspected Child Abuse
2. All children will be protected against abuse and neglect while at the school.
3. Staff will discuss suspicions’ with others involved with the child including other staff and the director.
4. Suspicions’ will be documented
5. All cases of suspected abuse/neglect must be reported to DSS. Phone # is 1-800-792-5200.
6. The Director will report to EEC immediately after a 51A has been filed or upon any knowledge that a report has been made.
7. If allegations have been made against the Center or Staff, reports will also be made to EEC. The staff member involved will be suspended. The staff person will be dismissed or reinstated pending the outcome of the investigation.
8. All staff must have a CORI report on file at the center.