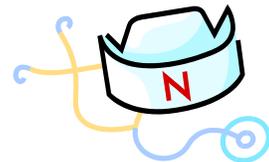


**ASHLAND PRESCHOOL
AND INFANT/TODDLER
HEALTH CARE POLICY**



Updated July 2016



Ashland Preschool Program
Ashland Public Schools
75 Central Street
Ashland, MA 01721



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ASHLAND PRESCHOOL AND
INFANT/TODDLER HEALTH CARE POLICY

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HEALTH CARE POLICY

Providing a safe and healthy environment is an essential part of a quality early childhood program. The purpose of these Health Care Policies is to ensure that the program operates in a manner which enhances the health and safety of children, protects them from abuse and neglect, illness and injury. It supports the education of staff, children and families concerning health and safety practices. Health Care Policies promote healthy choices for nutrition, oral health, mental and social well-being.

A link to the web version of this policy is provided to each staff member and to families enrolled in the program. Upon request a written copy will be provided. The policies are updated yearly, or as needed, then reviewed and approved by the nurse consultant.

For 2016-2017 this was written in coordination with Ashland Preschool Nurse - Michele Reidt RN, BSN.

I. STAFF

All newly hired staff is required to be certified in CPR and First Aid. At least one adult with CPR/First Aid must be with children at all times. Arrangements will be made to bring certification up to date and renewed with fellow staff members each year thereafter. Emergency and medical contact information sheet for staff member will be kept on file with the nurse.

II. CHILDREN ENROLLED

HEALTH RECORD (PHYSICAL EXAMS AND IMMUNIZATIONS)

Each student has an individual health file. Please submit any new physical exams or immunization information to the school nurse. All students new to Ashland Public Schools are required to have a current physical exams and up to date immunizations. Immunization requirements change when new State regulations are passed.

A current written record is maintained for each child enrolled in the program to include:

- Each child must have proof of a well-baby or well child exam recently (within the last 6 months for children less than 2 years of age and within 1 year for those 2 years to 6 years old). All parents shall provide updated immunizations and physicals to the nurse as soon as they are available from the MD, as a condition of remaining enrolled in the program.
- Current record of routine screenings and immunizations, or current religious exemption for immunizations (only), according to the schedule recommended by the American Academy of Pediatrics, the Centers for Disease control of the United States Public health Service (CDC-USPHS), and the Academy of Family Practice. Results of lead screening for ALL students.
- Current information about health insurance coverage required for treatment of emergency situations.
- Emergency contact information. Updated list of names and phone #'s of the people authorized to pick up the child in emergency situations and to have access to health information about the child. This person(s) should be no more than a 45 minute drive to the Program Facility.
- Child health records must include instructions for any of the child's special needs such as allergies or chronic illness (i.e. asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary, or other ongoing health problems, seizures, diabetes.
- Log of medications administered, injury reports, staff health observations, parent notes, and schedule of feeding for infants and toddlers.
- Screening results with an indication of normal or abnormal results, and health-related referrals.

STATE MANDATED REQUIREMENTS (PHYSICAL EXAMS AND SCREENINGS)

State mandated health requirements include the following: Physical exams are required in grades PK, K, 4, 7, and 10. Vision screening occurs annually in grades PK, K-5, 7 and 10. Hearing screening occurs annually in grades PK, K-3, 7 and 10. Postural screening occurs annually in grades 5 through 9. Body Mass Index (BMI) screening occurs annually in grades 1, 4, 7 and 10. Parents who choose to waive BMI screening must submit a written request to school nurse.

III. FIRE, LOCKDOWN, AND EVACUATION PROCEDURES

FIRE

In case of fire, children are evacuated according to fire drill plans posted in each classroom and hallway. Children practice fire drills four times a year, under the direction of the local fire dept., and practice monthly with their respective classrooms. The classroom teacher notes the date of the drill, results and initials on the form. (Form #5) Each staff member is familiar with emergency procedures and the operation of fire extinguishers. Smoke detectors and fire extinguishers are available and periodically checked. Emergency telephone numbers to include police, fire, ambulance, hospital, poison control and nurse consultant are posted near phones. (Form #1)

The Principal or administrative designee will oversee the actual emergency or fire drill, and receive instructions from the fire department.

INITIATING A LOCKDOWN

A “LOCKDOWN” emergency is used in the event of potential danger or bodily harm to children and staff, either inside or outside the building. If a potential threat is present, the staff will begin the protocol to put the procedures in place.

Lockdown procedures are reviewed on a regular basis and adjusted accordingly to maintain the safest environment possible.

EVACUATION PROCEDURES

Classroom teachers and staff will:

- Exit via prearranged evacuation route to a safe predetermined location away from the building.
- If exit is blocked, use the next closest exit situated away from the emergency, as indicated on the plan.
- Avoid downed power lines, open gas lines, and other unsafe conditions.
- Accompany students and stay with them.
- Take student attendance list, paper and pencil.
- Take attendance to determine if students are missing.
- Report missing students to Principal or designee.
- Unattached students should report to the nearest teacher. Teachers should note student additions and send this information to the Principal or designee.
- Wait for further instructions.

Please note: In extreme cases, you may be advised by the Principal or designee to ignore fire alarms.

Secretary will:

- Take list of all enrolled students.
- Take walkie-talkie.

Nurse will:

- Take list of all student medical conditions and alerts.
- Take walkie-talkie.

Principal or Designee will:

- Take walkie-talkie.

HEALTH SERVICES

The role of the professional school nurse is to strengthen the educational process by assisting students in maintaining optimal health. This is accomplished in a variety of ways: evaluation of health concerns, first aid and emergency care, medication administration, monitoring of chronic illnesses, maintaining individual health records in accordance with DPH requirements, and performing State mandated health screenings.

IV. EMERGENCIES

In case of serious medical or dental emergencies, a staff member summons help from the office assistant where a phone is located. If the emergency takes place outside of the classroom (ex. Playground), a staff member will call the preschool office using the two-way radio to summon help or to place an emergency assistance call. The school nurse, or nurse designee if nurse is not available, will be notified and enlisted for assistance. The Principal or administrative designee is notified of the emergency.

Immediate attention is given to the following first aid priorities:

- Ensure a prompt rescue (i.e. Remove victim from danger)
- Ascertain victim has an open airway.
- Control severe bleeding using *Standard Precautions* (Form #5).
- Give first aid for poisoning, chemical ingestion by calling 9-1-800-682-9211.
- Render first aid for specific emergencies such as wounds, abrasions, burns, etc.
- Check child’s record for contact number and health insurance information and parent. In situation where the parent can’t be reached, the child’s doctor will be consulted if possible, and school will call people listed on emergency information form (Form #11). If the emergency is life-threatening, the child may be transported to the METROWEST MEDICAL CENTER

FRAMINGHAM CAMPUS, and the parent notified as soon as possible. The child, with the health file, will be accompanied by a staff member.

- Check child's record for any known medical or developmental problem/condition that might require special care in an emergency.

NON MEDICAL EMERGENCIES

In the case of other kinds of emergencies, such as the loss of power, heat or water, the Principal or administrative designee will await word from the Supervisor of School Grounds and Maintenance and follow procedures accordingly.

INJURIES

All program staff members are certified in cardiopulmonary resuscitation (CPR), and First Aid with renewal done biyearly or as needed i.e.: new staff member. All staff is trained in approved first aid procedures, including mouth to mouth resuscitation, treatment of convulsions and choking. First aid supplies to include gloves, Band-Aids, cold packs, supplies for cleansing small wounds, will be available to each classroom and checked regularly in September before the start of school, and in January upon return from break, for completeness and outdated expiration dates.

The program will plan for the prevention of injuries by implementing the following procedures.

- When attending to the needs of injured or ill children, standard precautions will be followed, according to the procedure prescribed by the Ashland Public Schools. (Form #6)
- The classroom, playground and other program areas used will be checked daily for conditions or equipment that may cause injury.
- Two-way radios and first-aid bag (Form # 9) will be kept with staff during outdoor play, gym time, and cafeteria activities.
- A first-aid bag will be brought on field trips and contain, if necessary, Epi-Pens for anaphylactic reactions for bee stings and other allergies, individually labeled with the child's name. Staff will carry cell phones or be aware of phone locations and personnel at the field trip site, in the event of emergencies. Contact information for each child will be brought on the field trip. Extra change of clothing will be brought along in the event of bathroom accidents.
- Should a child be injured or hurt, a staff member will attend to the needs of the child using First aid techniques learned in training.
- An injury report form (Form #2) will be filled out to be reviewed and signed by the parent. Parents will be notified as to the nature of the injury, the treatment given, and by whom.
- Staff is encouraged to use good body mechanics in lifting and bending to avoid injury and back strain.

It is the responsibility of the parents/guardians to provide transportation and further care of the student if the student becomes ill or injured on school property. Students may not be sent home without parental approval. In an emergency situation the school nurse will call 911 and the student will be transported to the nearest hospital.

V. ILLNESS

It is important for parents to understand that children who are feeling ill can have their needs best met in the comfort of their own home. If a child is feeling ill at home in the evening before or the morning of school we respectfully ask the parent/guardian to keep the child at home.

Sickness in children is very difficult to manage in group situations. We try to protect all children, and therefore it is important that parents help us by assuming this responsibility and NOT send their children to school when they have the symptoms of the onset of an illness. Children need the stamina to attend and take part in the demands that school requires. ***We inform parents that if this is the child's first experience in a group setting, he/she may be ill more frequently than in the past.***

PROCEDURE FOR ILLNESS

A child, who becomes sick, ill, or injured, may require attention from the school nurse. The school nurse will attend to the child, and instruct the preschool staff member on how to proceed. The information gathered will be entered into SNAP (School Health Management Program) by the school nurse, and will serve as a record of the treatment given.

If a child becomes ill, creating a greater need for care than the staff can provide, the child will be isolated and kept as quiet as possible in the office or other appropriate supervised area. This will ensure limited exposure to other children and staff. The parent /guardian are contacted using phone numbers on the child's Health Emergency Information Form (Form #11). If parent or guardian is unavailable, a person named on the emergency information sheet will be contacted. Parents are reminded during the year to keep their contact information up to date. A list of common illnesses and their descriptions is found in the Parent Handbook and this document.

REPORTING ILLNESS

Families are strongly encouraged to communicate any student health concerns to the school nurse. If your child has allergies, asthma, diabetes, seizures, attention deficit disorder or any other medical or mental health issues please communicate with your school nurse regarding treatment plans and medications prior to school entry or upon diagnosis.

The nurse is available throughout the school day for students and staff who are injured or become ill in school.

Those who need to see the nurse during school time will be escorted by a responsible adult to the health office. Time spent in the nurse's office is for illness not for common fatigue.

Optimal learning requires good health. In an effort to promote parent-school cooperation for the benefit of our students, the following guidelines concerning health issues are enforced.

More health related information can be found on our district's [Health Services webpage](#).

GUIDELINES FOR SPECIFIC DISEASES



Fever: Students should not be sent to school with a fever (temperature of 100.0 degrees or higher). A student must be fever-free for 24 hours without fever-reducing medication before returning to school.

Strep Throat: If strep throat is suspected, students must remain out of school until the culture results are known. If the culture is positive, the student must be on antibiotics for 24 hours before returning to school.

For any illness requiring antibiotic treatment, the student must be on antibiotics for 24 hours before returning to school.

Students returning to school after recovering from a communicable disease must be readmitted through the school nurse's office.

Head Lice: If the parent of a child finds lice or nits in their child's head, the school nurse must be notified. If lice or nits are found by the school nurse, the child will be sent home for treatment. After treatment the student must return with a parent so that the student may be checked by the school nurse. In order to return to school, hair must be free of all nits and lice.

Bacterial Conjunctivitis -"Pink Eye": Symptoms of this very contagious eye irritation are redness of eye lining, swelling and pus in eyes. Antibiotic must be administered for 24 hours before child can return to program and the eye should not be draining. Parents should notify school immediately so others can be informed of the exposure. Remember to wash your hands frequently. *Give your child a separate towel and washcloth.*

Stomachache/ Vomiting/ Diarrhea/ Intestinal Flu: Children with intestinal flu or active vomiting, and or diarrhea, for any reason even if fever free, must remain at home until the vomiting or loose stools has stopped for 24 hours, resumes normal eating habits and is able to maintain normal level of activity. Diarrhea is a sign of intestinal infection and it is very contagious, especially with young children still learning the proper techniques for toileting and personal hygiene. Parents should notify the school immediately. Remember to wash your hands frequently.

Consult your doctor if fever and stomach pains persist or if your child has poor intake and appears dehydrated (dry mouth, no tears, and sunken eyes, urinates less than 4-times in 24hrs)

Impetigo: This is a highly contagious skin infection characterized by crusted sores, often circular, and a red rash. It often appears on the face around the mouth area. Treatment is usually a topical antibiotic and child may return to school after 24 hours on medication if the sore is not open but healed over.

Rash: A rash is usually a sign of a viral illness. It also may be a reaction to a medication or chemical (plant, detergents). If your child has an unusual rash or if it is associated with a fever, contact your doctor. Keep your child home from school until you have discussed the rash with your doctor. If it is determined that the rash is evidence of a communicable disease such as Fifth's disease, the school should be notified immediately so other families can be notified if necessary.

Chicken Pox: Instances of illness occur, even with required vaccine. Chicken Pox usually appears as small, red dots on the front and back of torso or behind the ears. Occasionally, a clear, runny nose is evident, along with an elevated temperature. A child must be kept home for 7 to 10 days to ensure that all blisters have scabbed over. The child must be seen by a physician or nurse before

returning to school. Parents should notify the school so that other parents and endangered staff and adults can be informed of the exposure.

There are other conditions that will be at the discretion of the school nurse. Children are sometimes kept home from school for reasons other than illness. Unnecessary absence from school may have a negative effect on a student's attitude, work habits, and progress. Use your own good common sense and remember:

Sick children belong at home ~ well children belong in school.

At your child's annual check-up it is wise to discuss what should be done in the event of illness, how and when to contact the doctor, what medications should be available in your home, and possibly even a home medical reference and first aid kit.

EXCLUSIONS

Children are excluded from school for the communicable diseases listed below, and other communicable diseases such as meningococcal disease or Hib disease, or hepatitis A. The local Health board may be called upon in the management of outbreaks of communicable disease. Mildly ill children with uncomplicated respiratory illness may remain in school and may perform less tasking activities, if necessary.

Exclusion Guidelines for Select Vaccine-Preventable Diseases in a School Setting

Depending on the specific circumstances related to the exposure, case and/or contact with respect to any disease or condition listed in 105 CMR 300.200 (A) or (B); additional control measures may be required.

See 105 CMR 300.00 for the complete Isolation and Quarantine Requirements

Disease	Case or Symptomatic Contact
Measles	Exclude student/staff through 4 days after onset of rash (Count the day of rash onset as day zero.)
Mumps	Exclude student/staff through 5 days after onset of gland swelling. (Count the initial day of gland swelling as day zero.)
Rubella	Exclude student/staff through 7 days after rash onset. (Count the day of rash onset as day zero.)
Pertussis	Exclude student/staff until 21 days from onset of cough or 5 days after initiation of appropriate antibiotic therapy.
Varicella	If vesicles are present, exclude until all lesions have dried and crusted over, or until no new lesions appear, usually by the 5 th day after rash onset. (Count the day of rash onset as day zero.) If no vesicles are present, exclude until the lesions have faded (i.e. the skin lesions are in the process of resolving; lesions do not need to be completely resolved) or no new lesions appear within a 24-hour period, whichever is later.

If a child does not appear well enough to participate in activities as usual and/or has any symptoms requiring removal/exclusion from the child care setting, the child will not be allowed to attend at that time.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH - Immunization Exemptions and Vaccine Preventable Disease Exclusion Guidelines in School Settings

Definition of Allowable Exemptions

There are two situations in which children who are not appropriately immunized may be admitted to school:

- 1) A **medical exemption** is allowed if a physician submits documentation attesting that an immunization is medically contraindicated; and
- 2) A **religious exemption** is allowed if a parent or guardian submits a written statement that immunizations conflict with their sincere religious beliefs.

Philosophical exemptions are not allowed by law in Massachusetts, even if signed by a physician. Only medical and religious exemptions are acceptable. These exemptions must be kept in the students' files at school (105 CMR 220.000 and M.G.L. c.76, ss. 15, 15C and 15D).

Policies for Exclusion at School Entry

While the laws and regulations state that **unimmunized** children who do not meet criteria for medical or religious exemption “shall not be admitted to school,” policies around enforcement of exclusion for unimmunized or partially immunized children are developed by individual schools/school districts.

The only exception for exclusion of unimmunized or partially immunized children who do not have documentation of a medical or religious exemption is in the case of homeless children, whereby they cannot be denied entry to school if they do not have their immunization records. The federal McKinney-Vento Homeless Assistance Act states that if a homeless student does not have proper documentation of immunizations or any medical records, the Homeless Education Liaison at your school must immediately assist in obtaining them, and the student must be enrolled and permitted to attend school in the interim (as cited in the McKinney-Vento Homeless Assistance Act of 2001).

MANAGEMENT OF LIFE-THREATENING ALLERGIES

Ashland Public Schools recognizes that students with life-threatening allergies (LTA) require reasonable accommodations necessary to ensure access to available education and education-related benefits.

Ashland Public Schools cannot guarantee to provide an allergen-free environment for all students with LTA. The goal is to minimize the risk to students with LTA. The guidelines established include building-based plans, the implementation of Individual Care Plans, and training programs for personnel.

Specific responsibilities for the student, parent, and school personnel are listed in the policy.

Please review our district's [Guidelines for Managing Life-Threatening Allergies policy](#).

CHRONIC ILLNESS POLICY

It is the policy of Ashland schools to work together with parents, students, health care providers, and the community to provide a safe and supportive educational environment for students with chronic illnesses and to ensure that students with chronic illnesses have the same educational opportunities as other students. Children with special health care, food allergies or nutritional needs the child's health care provider gives the program an individualized care plan (ICP) that is prepared in consultation with family members and any physician or specialists involved in the child's care. The school nurse will review the plan, make recommendations as needed, and consult and train teaching staff for optimum care.

Please review our district's [Guidelines for Managing Chronic Illness policy](#).

MEDICATIONS

The School Nurse is responsible for the administration of all medications taken by the students during the school day, unless otherwise specified. The school nurse, with the permission of the Department of Public Health, will delegate authority to administer medication on a field trip to another adult.

The following form must be completed and on file in the Health Office before any medication is administered:

1. **Doctor's Order* (Renewed yearly, no earlier than July 1st of the school year it will be used for)**
* The pharmacy labeled container can be used in lieu of a physician's order only in the case of short-term medications, i.e. those medications to be given for ten (10) school days or less.
2. **Parent/Guardian Consent (Forms #3)**

Under protocols written by Ashland's School Physician, nurses may administer Acetaminophen, Ibuprofen to any grade with parent permission using MD orders and weight based dosing. Parent permission for these are included on the Health-Emergency form completed at the beginning of each school year. (Form #11)

Medication Policy and all forms can be found on APS website under Health Services link.

It is expected that all students on medication will take their required dosage at home before and after school hours. The following procedures will be followed in cases where it is absolutely necessary to take medications during school hours.

- All medications must be delivered to the school nurse by the parent/guardian or designated adult. Other school personnel are not to accept medications. Medications may NOT be sent in child's backpack.
- Medications are to be brought to the school in a current pharmacy-labeled bottle/container by the parent or guardian. The label includes child's first and last name, physician name, date the prescription was filled, expiration date, and details for administration, and instructions on how to administer and store it.
- The nurse will also administer all medications including Epi Pens. Trained staff members may administer Epi-Pens ONLY.
- All medications are kept locked in the nurse's office or if in the classroom, in a labeled container and out of the reach of children.
- The adult authorized to administer medications will wash hands before and after administering medication.

- The authorized adult administering the medication will practice the 5 “rights” of medication administration: (1) right medication (2) right child (3) right time (4) right dose (5) right route i.e.: chewed or swallowed (mouth) (PO), inhaled (nose or mouth), dropped (ears or eyes), or Applied/topical (skin)
- All medications given will have a record of medication administration maintained. The school nurse will record this electronically in SNAP, and all other staff member will use the document - (Form #4). When giving any medication for the first time the potential side effects will be identified.
- Non-prescription medications except Acetaminophen, and Ibuprofen, including cough drops, cough syrups, and aspirin or aspirin substitutes are not given. Again no medication is given without parent consent, unless in a life threatening situation.

VI. CLEANLINESS AND HEALTH AND INFECTIOUS DISEASE CONTROL

Procedures governing the overall cleanliness of the facility and the children are necessary for preventing the spread of infection.

- A change of clothes (including socks, and underwear) is available for each child, which parent will provide.
- Children are dressed appropriately for indoor and outdoor activities, and provided protection from the cold weather, the sun and heat. Outdoor and physical activity will be limited during smog or other air pollution alerts, and for heat and cold advisories.
- Children will have the opportunity to play in the shade.
- Parents will be given information about the use of sunscreen and sun block with UVB and UVA protection of SPF 15 or higher. They will be requested to apply the protection on exposed skin prior to bringing them to school.
- Classroom environment is cleaned using a cleaner, GS NEUTRAL DISINFECTANT CLEANER and sanitized using SANI-T-10, according to the program’s cleaning and sanitation table and schedule. (Form # 8)
- Equipment and toys are cleaned according to “*Table 1. Cleaning and Sanitation Frequency*” from the National Association for the Education of Young Children (NAEYC) Program Standards and Accreditation Criteria. (Form #7)
- Children who exhibit signs of respiratory illness (i.e., coughing, sneezing, watery eyes and runny nose) will be brought to the nurse's office for assessment.
- Children who exhibit signs of gastrointestinal illness (i.e., complaints of nausea, vomiting, diarrhea) will be brought to the nurse's office for assessment. Director and staff will follow recommendations of school nurse.
 - a) In the event of a vomit or diarrhea accident, staff will follow standard precautions when assisting the child with cleaning and changing.
 - b) The child's clothing will be doubled bagged with plastic bags and sent home with the parents.
 - c) Hand washing procedures will be strictly adhered to for both staff and child.
 - d) In the event the floor needs to be sanitized the area will be blocked off from children until the area can be sanitized.
- Children who exhibit any signs or symptoms of illness (see page 6-7), will be taken to the School nurse for assessment. Director and staff will follow recommendations of school nurse. Parents will be called; child may stay in the nurse's office, with one of the staff members or may be isolated in a separate area of the room until parent pick up.
- Children may return to Wee Watch when they are symptom free for the required amount of time. (See pages 6-7)
- All staff will follow recommendations of school nurse.
- Dispensable liquid soap, running water, and disposable towels are provided.
- Hot water temperature does not exceed 110 degrees F.
- Water play table is cleaned with GS NEUTRAL DISINFECTANT CLEANER after each use, and water is changed for each group of children.
- Children with sores on their hands are not permitted to participate in communal water play. Children are not allowed to drink the water.
- Tissues are made available in all areas for quick access by children and adults.
- Children’s bathrooms are checked at the end of each day for maintenance and replenishing supplies.
- Classroom sinks are cleaned and sanitized before using them for food preparation.

HANDWASHING PROCEDURES

- Staff members teach children hand-washing procedures, assist and monitor as needed to successfully complete the task.
- Hand washing is required by all staff, volunteers, and children when hand washing would reduce the risk of transmission of infectious diseases to themselves and to others. (ex. Arrival, after toileting and toileting assistance, after handling bodily fluids (blowing/wiping a nose, coughing on a hand, touching mucus, blood, or vomit), after diapering, before eating or handling all food items, after handling pets, after playing in water, after playing outside, and when moving from one group to another.) A hand washing sequence will be posted near sinks in classrooms and bathrooms.
- Staff will wash hands before and after administering medications.
- Infants who are not able to wash their own hands will have their hands washed according to posted hand washing policy.
- Staff will wash hands after cleaning or handling trash/garbage.
- Staff will wash hands after diapering and toileting in a sink used for hand washing ONLY

VII. STUDENT DIAPERING

Some students with chronic health conditions or disability may use diapers. Other students may need them due to young developmental age and still in the process of toilet training. Staff will check for signs of wetness or bowel movements at least every 2 hours, or after nap time for infants and toddlers and in the full day classroom while the child is in program care. Diapers or pull-ups are changed when wet or soiled. These procedures may be adapted to meet individual needs. Any child in the Preschool program who has a bowel movement that does not have a chronic health condition or disability will be changed by the parent/guardian. They will be notified to come and change the student. Contact information will be collected and placed in student file for these situations. This information will also be given to Parents at the Welcome to School Day before the start of school. It is the responsibility of the parent to be immediately accessible or to have someone else who is, in the event this happens during school time. Any child in the Infant/Toddler program will be changed by staff.

PROCEDURE

- Escort the student to the bathroom changing area or nurses' office.
- Put fresh gloves on at the beginning of each student's diaper/pull-up change.
- Reassure student before and during diaper/pull-up change procedure.
- Have student stand over changing pad and remove diaper or use bed in nurse's office for students unable to stand safely.
- At all times staff will have a hand on the child when the child is being changed on an elevated surface.
- Wash student with wet cloth (wipes) until clean, allow the skin to dry.
- Staff will use only commercially available disposable diapers or pull-ups. Students' families will provide these. Any reason for non-use requires documentation by health provider. Cloth diapers will meet requirements outlined in NAEYC criterion number 5.A.08 b and c.
- Remove gloves inside out and place in doubled plastic bags with soiled diaper.
- Tie a knot in plastic bags (with diaper/pull-up and wipes in it). Place tied bags into lined trash receptacle.
- Clean and disinfect the changing mat or table immediately after each use, even if it does not appear soiled or wet. This mat or table is used for diapering/changing ONLY.
- Keep cleaner and sanitizer out of the reach of children.
- Wash hands well according to hand washing procedures as seen on cue card as well as poster in bathroom. (see Page #18)
- Report any abnormal conditions to the appropriate person in order to communicate findings to parent/guardian. Examples of abnormal conditions: rash, skin openings, bruises, blood, diarrhea, mucus or pus in stools, and /or clay-colored stools.

NOTES

- NEVER leave student unattended.
- Change into new gloves with each student. Wash hands after removing soiled gloves and before putting on new pair.
- Wear gloves even if diaper does not appear soiled.
- No creams, lotions, powders, and/or medicines may be applied to the student without a written physician's order and written parental/guardian consent.
- Soiled clothing should be placed in plastic bag to go home with student that day.
- Staff is accountable to follow procedures outlined by NAEYC
- Report any direct, unprotected contact with student blood immediately to the school nurse at Ashland Preschool.

VIII. PHYSICAL ENVIRONMENT

The building and all equipment are maintained in a safe, clean condition and in good repair. The facility and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children. Staff members monitor at least monthly the equipment used by the children, with the attention to the following:

- Procedures for standard precautions when dealing with bodily fluids should be followed in all cases as outlined in the *Standard Precautions* (Form #6)
- All rooms are well-lit and ventilated. After the completion of any maintenance or structural work, the rooms are cleaned and well-ventilated prior to children working or playing in them.
- Floor coverings are secured to prevent tripping or slipping.
- Electrical outlets are covered with protective caps or full outlet covers.
- Electrical extension cords are secured to prevent tripping or entangling.
- Equipment and materials used by children are in good condition with no broken pieces or edges that could prove harmful to children.
- All cleaning supplies are stored in labeled containers and inaccessible to children.
- Any toy put in an infant's, toddlers, or preschooler's mouth must be disinfected between uses by individual children.
- For Infants and Toddlers any toys and equipment that cannot be washed in water or in the washing machine should be sprayed with Sani-T-10 at the end of each day, or more frequently if needed, and allowed to air dry.

- When an infant or toddler finishes playing with a toy and it has been in the child's mouth, the toy should be retrieved from the play area and put in a bin (placed out of reach of children) reserved for dirty toys.
- At the end of the day, all used hard plastic toys shall be washed and, sanitized.
- All adult personal belongings, such as pocketbooks, are out of children's reach.
- All sharp objects and matches are out of children's reach.
- Classroom pets will be kept in a safe and sanitary manner and have regular visits to the veterinarian or as needed to maintain good health for suitable contact with children. Teachers will instruct children on safe behavior and interaction with the pet. Any child who is allergic to a type of animal will not be placed in the classroom where that animal is located. Staff and children will wash hands after handling pets and their equipment.
- When preparing snack or engaged in special food activities, liquids and foods hotter than 110 degrees are kept out of the reach of children.
- All food preparation activities are done with direct supervision of children by staff.

IX. SNACKS, MEALS AND FOOD ITEMS

Snacks are provided by the parents. Parents are given suggestions for safe and healthful snacks, and taking into consideration any current and existing food allergies within the classroom or eating areas. Juice and water is provided, served, and stored in accordance with the U.S. Dept. of Agriculture (USDA) Child and Adult Care Food Program (CACFP) guidelines.

Please refer to: Keeping Kids Safe, A Guide for Safe Food Handling and Sanitation, USDA Food Safety and Inspection Service, 2000. Snacks and lunch suggestions are made in accordance with the "Meal and Snack Patterns" ([choose myplate.gov](http://choosemyplate.gov)) of the USDA (U.S. Dept. of Agriculture).

- The program ensures the safety of food and its preparation by:
 - Staff and children washing hands before and after handling and preparing all food items
 - Staff/adults washing their hands before and after serving food items to children.
 - Cleaning and sanitizing all food preparation areas before and after its use.
 - Washing children's hands before preparing and handling snack.
 - Keeping all foods requiring refrigeration, cold, until serving.
 - Placing dates on all packaging to ensure rotation of items and usage before expiration dates.
 - Communicating with families about healthy food guidelines and healthy food choices in accordance with the U.S. Department of Agriculture.
 - Storing lunches in children's individual lunch boxes, labeled with their name.
 - Labeling foods brought from home for special health or nutrition needs, and/or food allergies with child's name and date.
 - Facilitating teeth brushing after lunch for children enrolled in the Full Day class and Lunch Bunch program.

X. SUSPECTED CHILD ABUSE

Any suspected incident of child abuse and/or neglect by parents, staff or others are verbally reported by the end of the day to the Department of Child and Family Services (DCF). Staff receives training and information regarding policies, procedures, and staff's legal and professional responsibilities about reporting suspected child abuse/neglect. This information is contained in the staff handbook.

XI. TRANSPORTATION PROCEDURE AND CHILD SAFETY

Parents/ authorized adults are responsible for transporting their children to school. When you bring your child to the program please stay in your car and do not pass other vehicles in the loop unless otherwise directed by a staff member. The process for dismissal will be the same except in reverse. Parents will line up and their child will be brought to their car and helped into the car seat. No child will be placed in a car or allowed to go home in a car without a Federally-approved child passenger restraint that is properly fastened and secured until they are 8 years old **or** over 57 inches tall. (Form #10)

Resources

- Ashland Public Schools Health Care Policy and Exclusion Policies
- Healthy Young Children, National Association for the Education of Young Children
- Massachusetts Early Learning Guidelines for Infants and Toddlers
- Massachusetts Offices of Child Care Services: Regulations and Standards: Group Day Care and School Age Child Care Programs
- NAEYC Early Childhood Program Standards and Accreditation Criteria, 2006
- Mass.Gov, Public Safety

These emergency numbers will be posted at each telephone that has access to an outside line.

Person/Agency	Phone Number
• Audrey LaCroix, RN Head Nurse	9-508-532-8040
• Michele Reidt, RN Preschool RN	9-508-532-8028
• Fire Department	9-911
• Fire Department <i>Non-Emergency</i>	9-508-881-2323
• Police Department	9-911
• Police Department <i>Non-Emergency</i>	9-508-881-1212
• Ambulance	9-911
• Metro West Medical Center- Framingham Campus	9-508-383-1000
• Poison Control Center	9-1-800-682-9211

****NOTE**** A "9" MUST BE DIALED FIRST TO CONNECT TO AN OUTSIDE LINE.

ASHLAND PRESCHOOL PROGRAM
INCIDENT / INJURY REPORT FORM

CHILD'S NAME _____ DATE _____

ADDRESS _____

TELEPHONE _____ DATE OF BIRTH _____

TIME INJURY OCCURRED _____

WHERE INJURY OCCURRED _____

HOW INJURY OCCURRED _____

TREATMENT GIVEN AND BY WHOM _____

NOTIFICATION TO PARENT(S) DATE _____ TIME _____

CONTENT OF NOTIFICATION TO PARENTS _____

NOTIFICATION TO EMERGENCY CONTACT DATE _____ TIME _____

CONTENT OF NOTIFICATION TO PROXY _____

FOLOW-UP ACTION TO INJURY _____

(PARENT'S SIGNATURE) (DATE) (EMPLOYEE SIGNATURE) (DATE)



LICENSED PRESCRIBER ORDER

(To be completed by Physician,
 Nurse Practitioner, or other authorized by Chapter 94C)

Student Name _____ DOB _____ Grade / Room _____

Licensed Prescriber (Print) _____

Telephone _____ FAX _____

Diagnosis* _____ Allergies: _____

Medication	Dose	Route	Frequency	Time
-------------------	-------------	--------------	------------------	-------------

- | | | | | |
|----------|--|--|--|--|
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |

Possible side effects: _____

Student may self-administer if School Nurse determines it is safe and appropriate: YES _____ NO _____

NOTE: Whenever possible, medication should be given at home to avoid school hours

Prescriber's Signature _____ Date _____ Stamp _____

PARENT/GUARDIAN CONSENT FOR MEDICATION ADMINISTRATION

I give permission for the School Nurse to administer the following medicine(s), as prescribed by _____
 to my child _____

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Other medications my child currently takes *

Drug _____	Dose _____	Frequency _____
Drug _____	Dose _____	Frequency _____
Drug _____	Dose _____	Frequency _____

Permission for teacher or designated adult to administer during field trips.....YES _____ NO _____

Permission to share pertinent medication information with appropriate school personnel: YES _____ NO _____

Permission to self-administer if the School Nurse determines it is safe and appropriate: YES _____ NO _____

I will supply medication in a labeled original pharmacy container. I understand that the school may store only a 30 day supply of medication. The medication will be destroyed if it is not picked up by the last day of school.

Parent / Guardian (Print) _____

Parent / Guardian Signature _____ Date _____

Phones: Home _____ Work _____ Cell _____

***If not a violation of confidentiality**

File: Forms: Med Consent & Order 10/22/14

Form #4

**ASHLAND PRESCHOOL PROGRAM
RECORD OF MEDICATION ADMINISTRATION
(SNAP USED BY MOST/ALL NURSES IN APS-THIS IS FOR A SUB
WITH NO SNAP ACCESS OR NO COMPUTER AVAILABLE)**

INSTRUCTIONS: Please attach copy of Authorization for Medication to this form prior to using.

Date	Child's Name	Medication Name	Dosage	Time	Method of Dispensing	Staff Initials

_____ MEDICATION _____

_____ *POSSIBLE SIDE EFFECTS _____

Form # 5

**ASHLAND PRESCHOOL PROGRAM
DRILL PRACTICE RECORD
SCHOOL YEAR 2016-2017**

DATE	SESSION	LOCKDOWN	DRILL EFFECTIVENESS	STAFF INITIALS

Practice Drills will be conducted on the 1st Tues. or Wed. of each month or as close to those days if other scheduling needs to be made.

7/2016

Standard Precautions are guidelines created by the Centers for Disease Control (CDC) to protect care givers from exposure to infectious diseases and prevent the spread of infectious diseases. Standard Precautions are used when caring for any person, regardless of the person's diagnosis and whether the person is known to have an infectious disease.

Standard Precautions apply to situations when caregivers are in contact with:

- **Blood**
- **All body fluids- secretions and excretions- except sweat, regardless of whether they contain visible blood**
- **Broken skin (open sores, cuts, etc.)**
- **Mucus membranes**

To comply with Standard Precautions the following practice is expected:

Gloves: Must be worn when contact with blood, all body fluids, secretions and excretions (except sweat) regardless of whether they contain visible blood, as well as broken skin and mucus membranes. **Hands must be washed before and after using gloves.**

Mask and Protective Eyewear: Must be worn during activities that are likely to generate droplets of body fluids or blood or when a person is coughing excessively. Must be worn when caregiver is going to be within three feet (arm's length) of exposure to the anticipated droplets.

Handwashing: Hands must be washed before gloving and after gloves are removed. Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with body fluids or blood and after all caregiving activities. Caregivers who have open cuts, sores, or rashes on their hands must wear gloves for all caregiving contact with the individual. **Don't forget to wash the individual's hands frequently as well!** Alcohol hand rinses may be used if:

- the hands are not visibly soiled
- a sink is not readily available

Gowns or Protective Clothing: Must be worn during activities or situations when substantial soiling, exposure to body fluids, blood draining wounds or mucus membranes is expected.

Trash Disposal: All contaminated disposable items should be bagged in the room in which they were created. That bag should then be put into another clean trash bag and disposed of immediately in an outdoor trash receptacle.

Linens and Clothing: All linens and clothing soiled with blood or bodily fluids should be bagged in the room and washed immediately in warm water and dried in a hot dryer.

Equipment: When using equipment or items that are shared by more than one individual, such as a stethoscope or blood pressure cuff, it must be adequately cleaned and disinfected after each use or whenever it becomes soiled with blood or other body fluids. You can wipe the personal care items with an appropriate disinfectant.

Housekeeping: All surfaces that may be soiled with body fluids should be cleaned thoroughly and regularly with an appropriate disinfectant.

08/2013

CLASSROOM

DAILY & AS NEEDED	M	Tu	W	Th	F
Countertops					
Tables					
Faucets/Sinks					
Food prep, surfaces					
Sweep floors					
Sleeping cots					

MONTH

M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F

WEEKLY & AS NEEDED	WEEK ENDING
Door knobs	
Cabinets/Handles	
Sponges - replace as needed	

WEEK ENDING

WEEK ENDING

WEEK ENDING

BI-WEEKLY CLEANING	WEEK ENDING
Dress-Up clothes-switch & cleaned	
Thematic unit	
Date switched	

WEEK ENDING

MONTHLY CLEANING	WEEK ENDING
items	
Sent home w/ child on-date-should be on or near 15th of month	

OCT	DEC	FEB	APR	JUN

Washable Toys

Any items that go into the mouth or have come in contact with other bodily fluids are to be removed **IMMEDIATELY, CLEANED AND SANITIZED**. Surface areas and countertops to be cleaned using G.S. Neutral Disinfectant Cleaner, daily or as needed.

Ashland Preschool Program Cleaning and Sanitation

The following guidelines should be used for routine cleaning and maintenance. The “Cleaning and Sanitation Check List” will be used as a method of documentation.

The routine frequency of cleaning and sanitation will follow the schedule as planned. In the event of illness outbreaks, known contamination, or recommendations by the local health department, those routines will be increased. These guidelines will be reviewed yearly or when needed, to make adjustments necessary to maintain a clean, healthy, and safe environment.

- **The Ashland Preschool Cleaning and Sanitation Check List** will be used and filled in by each classroom on a daily basis to ensure the classroom contents and surroundings are kept in a manner that supports the well-being of students and staff.
- The checklist recording will be the responsibility of the assistant teacher. The classroom teacher will conduct routine checks to ensure the list is being used and kept up to date. At the end of each month, the checklist will be given to program administration to be kept on file.
- **GS Neutral, a disinfectant cleaner** will be used to wash and clean classroom tables, counter tops, equipment, sanitize rest cots, and other washable surfaces in the environment. The pre-mixed solution will be kept in a product bottle clearly marked and stored out of the reach of children. EPA product and usage information will be given to each classroom.
- **“Sani-T-10”, a disinfectant sanitizer** will be used for toys and other items that have been placed in the mouth or contaminated with bodily fluids. The pre-mixed solution will be kept in a product bottle clearly marked and stored out of the reach of children. EPA product and usage information will be given to each classroom.
- **Paper Towels** will be used when possible for cleaning.
- **Floors** will be swept after snack and between sessions. The floors will be washed and sanitized after individual cases of vomiting, bathroom accidents, food spills, and for routine maintenance according to the school building custodial schedule.
- **Carpets** will be vacuumed daily by the school building custodian, and cleaned with a carpet cleaning method according to building maintenance schedules established by the school department’s building and grounds supervisor.
- **Bathrooms** (toilets and toilet seats, sinks and sink faucets, bathroom stall doors, and floors) will be cleaned and sanitized daily by the school building custodian.
- **Waste receptacles** will be emptied daily by the school building custodian.
- **Surfaces contaminated** with body fluids (saliva, mucus, vomit, urine, stool, or blood) will be cleaned and sanitized immediately. Floors, carpets and bathroom contamination will be cleaned and sanitized by the school custodial staff.

7/2016

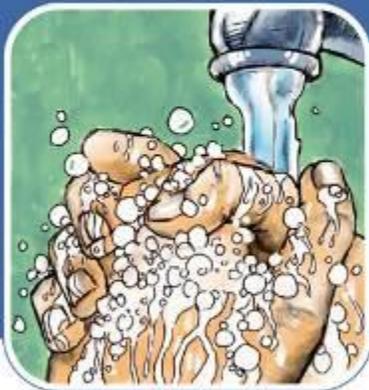
Form #9

FIRST AID KITS-CONTENTS TO BE INCLUDED:
(Checked in September before start of school and January after vacation)

- ❖ Disposable nonporous latex free gloves
- ❖ sealed packages of antiseptic for cleaning
- ❖ non-glass thermometer for taking a child's temperature – (RN only)
- ❖ bandage tape
- ❖ sterile gauze pads
- ❖ flexible roller gauze
- ❖ triangular bandages (ex. Scarf)
- ❖ safety pins
- ❖ eye dressing
- ❖ pen/pencil
- ❖ note pad/paper
- ❖ cold pack
- ❖ current first aid guide (American Academy of Pediatrics chart recommended)
- ❖ water
- ❖ small plastic or metal splints
- ❖ liquid soap
- ❖ adhesive strip bandages
- ❖ plastic bags to store cloths, gauze, and materials for blood
- ❖ any emergency medication for Individual health care needs
- ❖ emergency phone #'s and poison control center number

(9C.10 NAEYC)

Did you wash your hands?



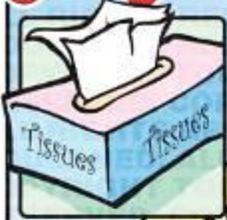
- Use soap & water.
- Rub hands for 20 seconds.
- Rinse.
- Dry with paper towel.
- Use towel to turn off faucet.

clean
^

Your health is in your hands

May 2004 Massachusetts Department of Public Health, Division of Communicable and Infectious Diseases. Printed on recycled paper. For more information, please call 617-685-5850 or 888-688-2850 toll free, or go to www.mass.gov/healthwatch

Cover Your Cough and Sneeze!



Use a tissue to cover your mouth and nose.



If you don't have a tissue, sneeze or cough into your arm.



Dubbed the Booster Seat Bill, Senate Bill 2018 was signed into law in April 2008. This enhancement of the Massachusetts Child Passenger Safety Law requires that all children riding in passenger motor vehicles must be in a Federally-approved child passenger restraint that is properly fastened and secured until they are 8 years old or over 57 inches tall. This will significantly increase the number of children who will be required to ride in a booster seat.

When children outgrow their booster seats (usually around age 8 *but more importantly when they are 4 feet 9 inches tall*), they can use the adult seat belt in the back seat IF the belt fits properly.

If fitted properly, a child should be able to:

- Sit with their back and hips against the vehicle seat back and sit without slouching.
- Bend their knees easily over the front edge of the seat and keep their feet flat on the floor.
- Safely wear the seat belt.
- Lap belt low and snug across the hips.
- Shoulder belt across mid-chest and shoulder.
- Use the properly adjusted vehicle head restraint.
- Remain in this position for the entire ride.

Never put the shoulder belt under the child's arm or behind the child's back. This can cause severe injuries in a crash. If the seat belt does not fit properly, the child should continue using a booster seat. It is recommended that children under age 13 should ride in the back seat.

According to the Centers for Disease Control, motor vehicle crashes are one of the leading causes of death among children ages 3 to 14.

To help ensure implementation of the new law, child safety seat checkup events will be offered around the Commonwealth on a regular basis. Checkups are important venues for parents, grandparents and others involved in child-care to learn how to properly buckle in children. At checkup events, nationally certified technicians will be on hand to inspect child safety seats and educate parents and guardians about how to correctly use their children's seats.

If you need more information on how to obtain or properly install child passenger restraints, or would like to attend a checkup event in your community, call our toll-free Child Passenger Safety Hotline at 1-877-392-5956 or go to our website at <http://www.mass.gov/childsafetyseats>

7/2016

**ASHLAND PUBLIC SCHOOLS
HEALTH - EMERGENCY INFORMATION**

Please read carefully, sign, and return this form to school.

State mandated health requirements include the following: Physical exams are required in grades PK, K, 4, 7, and 10. Vision screening occurs annually in grades PK, K-5, 7 and 10. Hearing screening occurs annually in grades PK, K-3, 7 and 10. Postural screening occurs annually in grades 5 through 9. Body Mass Index (BMI) screening occurs annually in grades 1, 4, 7 and 10. Parents who choose to waive BMI screening must submit a written request to school nurse.

Student Name _____ DOB _____ Grade _____ Homeroom _____

Address (street) _____ (town) _____ Home Phone _____

Student living with: Parents _____ Father _____ Mother _____ Guardian _____ Foster Parents _____

Please Circle One: Mother/Father/Guardian _____ Please Circle One: Mother/Father/Guardian _____
Name _____ Name _____

Home Address _____ Home Address _____

Employer _____ Employer _____

Work Address _____ Work Address _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Friend/Daycare/Relative who may be asked to dismiss student if unable to locate parents:

Name _____ Relationship _____ Circle: Cell/Work/Home _____

Name _____ Relationship _____ Circle: Cell/Work/Home _____

Pediatrician _____ Phone _____

Dentist _____ Phone _____

Orthodontist _____ Phone _____

Name of Health Insurance _____

Permission to receive Tylenol, Ibuprofen in school as needed YES _____ NO _____

In an emergency I grant permission for my son/daughter to be transported, by ambulance, to MetroWest Medical Center - Framingham Campus for treatment. I understand I will be notified of the emergency as soon as possible.

I will notify the school if there is any change in the above information.

Signature of Mother/Father/Guardian _____ Date _____

Detail below any pertinent medical needs relevant to the care of your child in school (medications, allergies, religious exemptions).