

# Suburban CHILD Health Care Policy

Revised 4/12/04

- A. Health Care Consultant for Suburban CHILD  
Carolyn Tomao R.N., BSN Home (508) 875-0825\_14 Lilian Rd. Ext. Beeper (508)  
483-7585\_Framingham, MA 01701
- B. Emergency Telephone Numbers:  
Police.....911  
Rescue/ Ambulance.....911  
Poison Prevention..... 1-800-682-9211
- C. Hospital Utilizes for Emergencies:  
Metrowest Medical Center-Framingham Campus  
115 Lincoln St. Framingham, Ma 01702 (508) 383-1000
- D. Emergency Procedures:  
1. All Suburban CHILD staff are certified in First Aid and most staff in CPR (new employees are given 6 months to comply).  
2. Person first responding to medical emergency or injury should assess condition of child and seriousness of incident.  
3. Alert another staff member of situation and send to notify Administrator/Director/Lead Teacher or Assistant Youth Director.  
4. Initiate first aid as indicated and /or activates EMS. Phone numbers of all emergency services are posted near phones in gym, preschool rooms, afterschool classrooms, pool, front desk, and racquetball lobby.  
5. Notify parent immediately should an injury / illness require emergency care.  
6. Stay with child until EMS arrives or parent arrives or until injury has been stabilized with basic first aid. Staff members will accompany child to Hospital until parent arrives.  
7. After incident, fill out written "incident report" available in Director's office and on clipboards.  
8. For injuries/accident, parents will be provided with a written document describing the nature of the injury, the names of responding staff members, and the type of first aid given. This report will be hand delivered to the parent at the time the child is picked up form the program if possible, or within the first 24 hours.
- E. Emergency procedure if parent's cannot be contacted:  
  
If parents cannot be contacted, staff will refer to individuals listed as "emergency contacts" on the child's "First Aid and Emergency Medical Care Consent Form" or any other authorized pick-up person.
- F. Emergency procedure when off the premises:  
The Suburban CHILD staff will have a cell phone and all emergency information on hand at all times, as well as any medication, which must be taken while off the premises. Parents will be asked to sign a permission slip prior to their child leaving the premises.  
  
If an injury occurs while off the premises the same procedure will be followed as if they were here at Suburban. When on a field trip they will always have an extra staff member available in case of injury or illness.
- G. Evacuation Policy:  
In the event of an emergency the children would be relocated to an alternate location. Listed below are a few reasons we need to evacuate the property:

- . ∞ Fire
- . ∞ Natural disaster
- . ∞ Bomb threat
- . ∞ Gas leak

We would evacuate the children following our emergency plans, which are practiced BI-monthly, meeting in the fenced-in lot located in the back of the building. The staff would double check their attendance, and get the children together reassuring them that everything will be fine. If the children are at a special event they will be brought to meet the group in the fenced lot. Infant and Toddlers will be placed in evacuation cribs for a safe and timely evacuation. They will wait in the lot until they are directed to load a bus, which should be done as quickly and safely as possible. Older groups will go to the back of the bus, younger children to the front of the bus, three to a seat so we can fit as many children on as possible. Again, when the children are loading the bus the staff will be doing head counts, and making sure they have their attendance, walkie-talkies and emergency information with them. If their head count is off they are to notify the supervisor immediately. The desk person will be responsible for bringing the emergency book outside to the Administrator or Director.

Once the buses are loaded they will bring the children to the Framingham Headquarters Fire Dept. located at 10 Loring Drive Framingham, Ma. 01702. If the situation were that the Fire Dept. needed to be evacuated as well, the Framingham Fire Dept. along with MEMA would send us to a safe place and we would notify the parents as to our location as soon as we are able to.

If we need to leave the area immediately the Framingham Fire Dept. along with our staff will walk the children from Suburban Child to the station. Once we arrived safely the staff will do another head count and the Administrator or Director will address the children. The parents will begin to be notified as soon as possible.

\* Information listed was given to Suburban Child on March 14, 2002 by Mr. Joseph Leone-Framingham Fire Marshal (508) 620-4950.

#### H. Procedure for utilizing fist aid equipment:

##### 1. First Aid kits are located in the following areas:

- . ∞ Pool
- . ∞ Basketball court
- . ∞ Director's office
- . ∞ Preschool rooms
- . ∞ Infant/Toddler room
- . ∞ afterschool room

2. First Aid is administered by the Director/Assistant Director or those staff members certified in the administration of First Aid by the National Safety Council/or American Red Cross.

3. The Assistant Youth Director maintains First Aid Kits. The Lead Teacher maintains preschool and infant/toddler first aid kits. They are checked after each use and/or BI-monthly.

4. The Main First Aid Kit located in the Director's office contains:
- . ∞ Gloves
  - . ∞ Band-Aid
  - . ∞ 4x4's and 2x2's (gauze pads)
  - . ∞ triangular bandage
  - . ∞ ace bandage wrap
  - . ∞ eye wash
  - . ∞ adhesive tape
  - . ∞ tweezers
  - . ∞ scissors
  - . ∞ ice is readily available in the club at all times
  - . ∞ thermometers
  - . ∞ CPR mask/barrier
  - . ∞ Trauma bandage
  - . ∞ Sterile water

The other first aid kits contain gloves, Band-Aids, ice, thermometer, and gauze.

Plan for injury prevention and management:

Suburban CHILD management will perform daily rounds to evaluate all areas for potential hazards.

Areas of concern will be reported to club maintenance personnel and closed off to children until repairs are complete.

Program staff people are required to incorporate basic safety rules into their daily work habits, which include, but are not limited to:

1. Clean up liquid, sand, and spills from floors immediately.
2. Maintain control of games that involve competition.
3. Be aware of potential hazards in the environment. Assess any area before children begin an activity to ensure that it is safe for all involved.

J. Procedure for maintaining and monitoring central injury log:

The Director or Assistant Director will maintain the injury log in the Administrator's office. All injuries, however slight, will be reported to the Administrator and filed in the log as an "incident report".

The Administrator will monitor injury reports regularly and review safety records with staff members as needed.

K. Procedure for informing parents when first aid is administered:

Parents will receive written documentation of a child's injury and first aid administered at the time of the child's pick up from the program.

If a child requires emergency care, the parent is to be notified immediately.

L. Procedure for informing OCCS of serious injury, important hospitalization, or death of child while in program care:

The Administrator or Director will notify the OCCS in the event that any serious injury or illness befalls a child while in the program's care.

M. Plan for infection control and monitoring: Proper hand washing procedures:

The licensee shall ensure that staff and children wash their hands with liquid soap and running water-using friction. A method for drying hands shall be available next the washbasins. The use of common towels is prohibited. Staff and children shall wash their hands at least at the following times:

- . ∞ Before eating or handling food
- . ∞ After toileting
- . ∞ After coming into contact with body fluids and discharges
- . ∞ After handling program animals or their equipment
- . ∞ After cleaning

\*Handwashing Infection Control Workshops held BI-annually.

All staff must practice Universal Precautions. All blood or other potential infectious materials must be handled as though they were infectious.

N. Procedure for washing/disinfecting specific equipment, items, and surfaces:

The licensee shall ensure that the specified equipment, items or surfaces are washed with soap and water and disinfected using the following schedule:

At least daily:

- . ∞ Toilets and toilet seats
- . ∞ Sinks and sink faucets
- . ∞ Drinking fountains
- . ∞ Tables

O. Procedure for cleaning up blood spills:

The licensee may provide disposable gloves to be used for the cleanup of blood spills. The affected area shall be disinfected. Used gloves shall be thrown away in a lined, covered container. The licensee shall ensure that the staff washes their hands thoroughly with soap and water after cleaning up the bloodied area. Bloody clothing shall be sealed in a plastic container or bag, labeled with the child's name and returned to the parent at the end of the day. Blood cleanup kits (OSHA) should be used when the blood or potentially infectious materials contaminate an area.

P. Emergency plan for evacuation of the program:

The following is a list of procedures to be followed if evacuation of the building is required:

1. Quickly line children up with one counselor/teacher at the head of the line and one at the rear and take a head count.
2. Lead the children from the club in an orderly fashion

through exits noted on emergency exit signs posted in all area of the club next to doors.

3. Once outside, lead the children to the fenced parking lot.
4. The Administrator, Director and Assistant Director will meet the staff and group at the parking lot.
5. We will do a head count at the time with both the daily attendance sheets, and group attendance sheets to make sure that all the children are accounted for.

Practice drills will take place BI-monthly; these will be documented by date, and effectiveness.

The Director will maintain an evacuation drill log, which will keep a record of the date, time, and effectiveness of the drill. The evacuation procedure will be revised periodically.

Q. Description of plan for dispensing medication:

#### Medication Policy

Suburban CHILD encourages parents and physicians to schedule medication outside of school hours whenever possible. But, to meet the needs of our families for those circumstances in which it is necessary to administer medication during our program, Suburban CHILD strictly adheres to the following Medication Policy. Medication will be stored, handled and administered only according to this policy. The necessary authorization form for handling medications at the program is available from the Administrator.

The administration of the medication to children presents a number of special problems. Children vary widely in age, weight, cooperative disposition, and the ability to absorb, metabolize, and excrete medications. Any child can react with unexpected severity to some drugs. It is the physician's responsibility to prescribe medication in the correct dosage without endangering the health of the child. It is critical for all parties—physician, parent, and the staff member administering the medication—to understand the expected action, possible side effects, and any warning signs of toxicity.

The administration of medication must be reliably controlled and documented as follows:

1. Prescription medications will only be administered when delivered to the Administrator, Asst. Director or Lead teacher in the current prescription container labeled by the pharmacist with the child's name, physician's name, name of the medication, time of medication to be given, dosage instructions for administration, including length of course, any allergies, and possible side effects. The physician's name and telephone number must be provided. We also need a medication form filled out by the parent.
2. Parents should always request prescription medication that is BID (twice/day) to prelude distribution at the program whenever possible.
3. The initial dose of their medication, whether prescription or over the counter, must be given at home or by the doctor in order to evaluate effectiveness and observe possible side effects.

Children on antibiotics may not return to the program until they have completed 24 hours of antibiotic therapy.

5. Over the counter medications (e.g., Tylenol, Dimetapp, etc.) will only be administered or stored by the program with a written physician's order. This order, called a Medication Permission Form, must accompany each medication given. If an over the counter medication is ordered, we require specific instructions as to dosage, schedule, and term. We cannot dispense over the counter medication on an "as needed" basis unless

circumstances are that this may be necessary, which is determined by a physician, parent and Administrator. For all non-prescription medications an attempt will be made to contact the parent before the medication is administered, unless a child needs medication urgently or when contacting the parent will delay appropriate care unreasonably.

6. Topical, non-prescription medications may only be administered to the child with the written permission of a parent. Such permission shall be valid for no more than one year from the signature date. The parent will be called if we give your child any medication, documenting the time. If the program notices an adverse reaction to the medication, the program reserves the right to require a physician's written order to continue use of the medication at the program. The program will not administer any such medication contrary to the written directions on its original container unless directed to do so by a physician's written order.

7. Sunscreen- Parents who want their child to wear sunscreen are asked to put on the first application prior to coming in each day. With written permission we will help your child re-apply as needed. All sunscreen should be supplied by the parent and be labeled with child's name.

8. Children with special needs or chronic conditions will be assisted individually in consultation with parent and physician. Such special needs would include, but not be limited too: the use of inhalers, nebulizers, insulin, Phenobarbital, or Dilantin.

9. All medications must be handed to the Administrator, Lead teacher or Asst. Director. No medication will be accepted when left in diaper bag, lunch box, cubby, plastic baggy, etc. The program is not responsible for replaced or spilled medication or for those left beyond the expiration date. Unused medication will be returned to the parent.

10. All medication should be clearly labeled with the child's name and/or current prescription label. All prescription and non-prescription medication will be stored in the Administrator's office or in a locked box in either the classroom or the refrigerator. Topical medications may be stored in the classroom changing area on a shelf, which is inaccessible to children. Appropriate authorization forms must be stored with any medication and updated as medication is administered.

11. The Director or responsible staff administering the medication must know the child.

12. The individual administering the prescribed medication must always be precise when measuring or distributing each dose. If there is any doubt about the accuracy of the indicated dose, it is imperative to recheck with the physician. The parent must supply any special device such as a dropper or a calibrated cup for the proper administration. Most pharmacists and physicians provide devices for giving medication to children. Some tablets, which are not available in pediatric preparations, may need to be crushed. This must be specified by the physicians, along with any special requirements for measuring or administering the medication. If pills are ordered to be given as half a pill, the parent or pharmacy must prepare the medication prior to it being given to the center.

13. The Administrator or teacher records each dose administered on a central medication log. The record indicates the name of the child, medication, dose, time, and the name of the person who administered the medication.

When administering medication, no attempt will be made to restrain a child or to use unusual force if the child is upset or uncooperative. A parent will be called immediately if such a problem occurs.

15. Suburban CHILD will not administer rectal temperatures, nor will they administer suppositories to a child of any age.

Suburban CHILD recommends that parents keep several Medication Permission Forms at home to have handy for trips to the doctor. Additional forms are available from the Administrator, and they are suitable for use by the doctor as a physician's order to the program.

R. Description of plan for the care of medically ill children in the program:

Children who become ill during program time will be separated from the main group and monitored by a staff person in an office. The child's parent will be notified by the Director / Administrator / Teacher or staff. We will make the child comfortable with a blanket and small toy until the parent arrives. The child or other designated pick up person must arrive within 60 minutes from the time of the phone call.

Conditions that would require immediate pick up (within one hour) of the child include, but are not limited to:

1. Fever of 100.5 - Children sent home with a fever in the middle of the day may not return to Suburban CHILD until they have been fever-free for a full 24-hour period without using fever-reducing medication.
2. Diarrhea - 2 or more instances close together may be assumed to be contagious unless determined by a doctor not to be so. Or, if one diarrhea instance is not controlled within their diaper, or with toilet use.
3. Rash or Hives of unknown origin.
4. Vomiting
5. Pronounced or persistent coughing.
6. Discomfort or pain which cannot be eased or requires one to one attention.
7. Anytime a child is unable to participate in the daily activities because he/she is not feeling well or is in pain.

Children may return to the program when symptoms of the above have been resolved for 24 hours. In some cases, the Director will require a physician's certificate of good health before a child will be allowed to return to the program. This is entirely up to the discretion of the Director.

Other illness will require that the child is treated in the following manner (the Director may request a physicians note on any illness if she deems appropriate for the health and well being of any child in the program):

1. Ear Infection- Children may return to Suburban CHILD after the first dose of medication.
2. Strep Throat/Scarlet Fever- Children may return to Suburban CHILD 24 hours after the first dose of medication.
3. Impetigo- Children may return to Suburban CHILD after 24 hours on an Antibiotic.
4. Lice- Children may return to Suburban CHILD after medicated shampoo is applied and hair is free of all nits. The Director or Assistant Director must re-check the child before returning to the program. (Or school nurse for school age children) Suburban CHILD strictly enforces our NO Nit Policy.
5. Conjunctivitis- Children may return to Suburban CHILD 24 hour after the first dose of prescribed medication. Eye should be free of discharge.

S. Procedures for identifying children with allergies and/or other emergency medical information:

Parents are asked to disclose information regarding allergies or health concerns on the child's enrollment form.

There should be a confidential listing for employees of all the food allergies of each child.

The Directors will be familiar with these concerns and disseminate this information to the appropriate staff people.

The Directors will ensure that every effort is made to prevent children's exposure to identified allergens.

T. Exclusion policy for serious illnesses, contagious disease, reportable disease to health department:

As per Department of Public Health:

- . ∞ Chicken Pox - Children may return to Suburban CHILD 6 days after the onset of the disease provided all vesicles are dry. Child must have a note from physician or board of health.
- . ∞ German Measles - Children may return to Suburban CHILD 7 days after the rash appears. Child must have a note from the physician.
- . ∞ Mumps - Children may return to Suburban CHILD 10 days after swelling appears. All Swelling must disappear. Child must have a note from the physician.
  
- . ∞ Measles - Children may return to Suburban CHILD 7 days after rash appears. Child must have a note from physician.

Reportable to the Board of Health:

- . ∞ Chicken Pox, Measles, Mumps, German Measles, Scarlet Fever, Meningitis, and Hepatitis.
- . ∞ If a communicable disease has been introduced to the program, notification will be posted for parents to view on the Parent Board at the Attendance Desk.

Procedures for parent notification in accordance with the Department of Public Health:

Communicable diseases listed above in section "T" will be reported to the Board of Health in writing within 24 hours of disclosure to Suburban by the Youth Director.

V. Location for storage of: Toxic Substances:

- . ∞ Cleaning supplies and chemicals are kept locked in a maintenance closet off limits to program participants.
- . ∞ Pool chemicals are located in a locked closet off the pool deck, which is off limits to program participants.

Medications:

- . ∞ All medications are kept in a locked box in the Administrator/Directors office or in a locked box in the preschool or infant/toddler classroom where it is to be used.

Hazardous items:

- . ∞ Tools are located in a locked area off limits to program participants.
- . ∞ Equipment in the fitness and weight lifting areas is off limits to program children and is closely monitored by club personnel.
- . ∞ There will not be poisonous plants at Suburban CHILD.

∞ Suburban CHILD is a non-smoking facility.

W. Child's Protection Mandate

Our commitment is to provide the best possible environment to support children's self esteem and healthy development. To help our staff to understand, your child's needs, we ask that you keep us informed about your child's health, well being and any illnesses, injuries or situations outside of the program which might adversely affect your child. If, for any reason, you feel that our staff is not meeting your child's needs, we encourage you to speak with the Director. Should you have any difficulty in providing for your child's emotional or physical needs, you are encouraged to ask for help. The director can provide a referral to a community resource when you are experiencing a need for additional support.

In the rare instance when we recognize that your child's basic needs are being consistently neglected, the Director will inform you and will assist you in finding ways to meet those needs. If you are temporarily unable or unwilling to meet your child's minimal needs, our staff is mandated by State Law to file a report with the Department of Social Service. It then becomes the responsibility of the Department to work with you and your family.

In all cases of suspected child abuse, Suburban CHILD personnel are also mandated reporters under State Law. Our procedure is for staff to report their concerns to the Administrator, which will assess the facts and assist the staff member in making a decision to file a report. A decision is also made about whether to notify the parents or guardian. In making this decision, risk to the children involved will be of the utmost concern. If Suburban CHILD decides to file a 5 1 A, we will call the Department of Social Services and follow up with a written report. The Office of Child Care Services will also be notified.

The Suburban CHILD staff shall cooperate in all investigations of abuse and neglect. Suburban CHILD will insure that an allegedly abusive or neglectful staff member does not work directly with children until an investigation has been completed by Suburban CHILD, the Office of Child Care Services and Department of Social Services.

Suburban CHILD policies are put in place for the safety and overall well being of every child enrolled in our programs. Please feel free to contact the Administrator, Asst. Director or Lead teacher with any questions, or concerns regarding these policies.