

# NONOTUCK COMMUNITY SCHOOL, INC. HEALTH CARE POLICY

This health care policy is established in accordance with the requirements of the Department of Early Education and Care of the Commonwealth of Massachusetts.

Upon hire, each staff member will receive a copy of the policy. Staff members will be trained in the program's infection control procedures and implementation of the policy during staff orientation.

Parents will be notified of the policy and will receive a copy of the sections pertaining to Plan for Handling Emergencies, Plan for Exclusion, Plan for Caring for Mildly Ill Children, Plan for Managing Infectious Diseases, Plan for Administration of Medication, Plan for Meeting Individual Children's Specific Health Needs and Toileting and Diapering Plan. A copy will be posted on the parent bulletin board. Complete copies of the policy will be available in School office and parents will be furnished one upon request.

## 1. EMERGENCY TELEPHONE NUMBERS

### Health Care Consultant:

Name: **Nancy Muglia RN BSN**

Telephone Number: **598-9911**

### Emergency Telephone Numbers:

Fire Department, non-emergency: **587-1032**

Police Department, non-emergency: **587-1100**

State Police: **584-3000**

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

DCF/Child Abuse: **1-800-792-5200**

Dept.of Early Education and Care: **788-8401**

Public Health Department: **587-1214**

Baystate Medical Helpline: **794-2255**

In any emergency call

**911**

## NEAREST EMERGENCY MEDICAL FACILITIES:

**Cooley Dickinson Hospital**  
**30 Locust Street**  
**Northampton, MA 582-2000**

**Baystate Medical School**  
**759 Chestnut Street**  
**Springfield, MA 794-0000**

## DESIGNATED ADULT FOR FIRST AND LAST HOUR CONTACT:

Name Leslie Klein Pilder, Executive Director **(cell: 914 643 9758)**

## INFORMATION TO GIVE IN AN EMERGENCY:

Your name

The nature of the emergency

The name of the school: **Nonotuck Community School**

The school's telephone number: **586-5996**

The school's address: **221 Riverside Drive Florence, MA 01062**

## 2. OTHER REQUIRED POSTINGS

Location of Allergy Postings: **in each classroom and Community Room,** (list is covered to ensure Confidentiality)

Emergency and Evacuation procedures: **next to each exit**

Location of Health Care Policy: **On file in office and posted on parent bulletin board in hallway**

Location of First Aid Kit:s:

**Office: On top of file cabinet next to Toddler door**

**Toddler Room 1: in cabinet above sink**

**Toddler Room 2: in cabinet above sink**

**Preschool 1: in cabinet above sink**

**Preschool 2: in cabinet above sink**

## 3. PLAN FOR HANDLING EMERGENCIES

*All staff are required to have a current First Aid certificate. All staff must be certified within 6 months of employment. In addition, at all times, one staff person in the school will be certified in CPR for infants/children. All staff will be trained in standard precautions.*

IN THE EVENT OF A MEDICAL EMERGENCY THE SCHOOL STAFF WILL:

- a. Assess the emergency (by determining the extent and seriousness of the emergency) and respond in a calm and reasonable manner.
- b. Serious Injury or Illness: The teacher in charge will begin emergency First Aid while another teacher or teacher's aide takes the other children from the area and alerts someone to send for more help calling **911** if necessary. The child's parent will be notified immediately. (If the child's parent is not available then the emergency contact will be notified.) A staff member from the school will accompany the child to the hospital.
- c. Minor Injury or Illness: The school will notify the parent to pick up the child. If the parent is unavailable the emergency contact will be notified. If necessary a staff member may accompany the parent and child to a treatment facility.

d. A copy of the child's emergency medical file/card will accompany him/her to the hospital. The child's emergency file/card will include:

- Child's name, date of birth, address, phone number
- Any known allergies, health conditions
- Current medications
- Primary Care Physician
- Insurance information
- Permission forms signed by the parent
- Emergency Contact Information

e. If the child requires minor First Aid, the teacher will administer the necessary care. The teacher will always use disposable gloves when handling any blood or body fluids. Only staff members with current certification will perform First Aid.

f. The attending staff person will then complete the following documentation procedures:

1. The injury will be entered on the central injury log, by the director, The log is located in the director's office.

2. In the event of a question of a head injury, or concern of a fracture or other accident, where the child is acting fine or denying injury with no apparent symptoms, the parent will be called and the incident will be logged. Timed entries on an incident report will occur during the course of the day.

*EX: Child has a witnessed head injury or fall and then appears fine. The fact that the child continues to participate in activities and the child's behavior and activity will be logged. With a head injury, documentation will occur every 1/2 hour, with other injuries once per hour.*

3. An injury report form for any incident which requires first aid or emergency care will be maintained in the child's file. The injury report form will be filled out within 24 hours. The injury report form will include the name of the child, date, time and location of the injury, description of the injury and how it occurred, names of any witnesses and name of the person who administered First Aid, and the type of First Aid given. Staff will submit the injury form to the director for review prior to giving a copy to the parents.

4. Once the Director has reviewed the injury / incident report and has initialed it and made a copy, the original will be placed in the parent's mailbox or given to the parent(s) for signature. The signed original will be placed in the child's file when returned. The copy will be given to the parent or discarded when original is returned. If the original is misplaced, the copy will be filed. In the event of a parent's refusal to sign the report, staff will document the refusal on the original report and give a copy to the parent at that time.

**5. Any injury or illness that requires emergency medical services or hospitalization will be reported to the Department of Early Education and Care as required by EEC regulations.**

- g. If the accident or acute illness occurs while on a field trip, the teacher will assess the situation and give First Aid as needed. The method and urgency of transportation for the child to receive medical treatment will be determined by the teacher based on the severity of illness or injury. If necessary an ambulance will be called.
- h. The director, or other adult designated by the director, will be contacted by the teacher as soon as possible and informed of the nature and extent of the injury and the proposed plan of action.
- i. To be prepared in the event of an emergency, it will be the policy of the school to take along on any field trip.
  - ❖ A First Aid Kit
  - ❖ Emergency information for all children
  - ❖ A cell phone or change for a pay phone. Staff will determine the location of the nearest pay phone prior to field trips. When the staff and children arrive at a location off site, the staff will locate the pay phone prior to an emergency.

#### 4. PROTOCOLS FOR MAINTAINING FIRST AID KITS

- a. Each classroom will have a First Aid Kit. The kits will be stored out of the reach of children but easily accessible in the case of an emergency. The kits will be maintained in the school at all times stocked with the following supplies: adhesive tape, Band-Aids, disposable gloves, gauze pads, gauze roller bandages, disposable latex gloves, instant cold pack, scissors, tweezers, and a thermometer.
- b. Teachers will be responsible for checking and maintaining the First Aid kits. All First Aid supplies or equipment will be used by staff certified in First Aid and in accordance with recommended procedures. Only staff who have current First Aid will be allowed to administer First Aid no matter how minor the injury.
- c. When staff and children leave the school for a field trip, a portable First Aid kit must be in the possession of one staff person at all times. It will be stocked with disposable gloves, gauze pads, roller bandage, adhesive tape, band-aids, ice pack, antiseptic wipes and a CPR barrier device. This kit will be maintained by the director and checked by the teachers immediately prior to leaving on the field trip when they will add the children's emergency information, money for a pay phone or a cell phone and any personal emergency medication currently at the school for any child going on the field trip.  
(EX: an inhaler or epi-pen.)
- d. A portable First Aid kit will be on the playground any time that the children are outdoors. Teachers will be responsible for periodically checking and maintaining the playground first aid kits.

## 5. EMERGENCY EVACUATION PLAN

- a. Emergency evacuation plans will be posted in each classroom.
- b. Evacuation drills will be performed every other month, at different times of the program day as determined by the director.
- c. Children and staff will practice using different evacuation routes so that both the children and staff will be familiar with them.
- d. Staff will remain calm and in control at all times.
- e. The school will maintain a daily sign in /sign out sheets. Parents are responsible for signing children in and out of the school listing arrival and departure times. Teachers are responsible for making sure that all children are signed in. The attendance list will be readily available and accessible in the event of an emergency evacuation. One co-teacher will be responsible for taking the attendance list and for accounting for all of the children in the class, once they are safely out of the building.
- f. During an emergency evacuation one co-teacher will be responsible for lining the children up and for leading the children out of the building. The other co-teacher and other staff will assist in the evacuation and check for stragglers.
- g. The youngest toddlers will be carried outside or be pushed in strollers to expedite the evacuation. The administrative assistant will help the Toddler I teachers. The older toddlers will walk quietly and quickly to the playground.
- h. The director will make a visual inspection of each classroom before exiting the building.
- i. All classrooms, once evacuated, will meet on the playground and wait for the go ahead by the director before reentering the building.
- j. The director will maintain documentation of the date, time and effectiveness of each drill in the back of the attendance book. This documentation will be kept for five years.

## 6. PLAN FOR INJURY PREVENTION

- a. To prevent injury and to ensure safety, the environment will be monitored daily by all staff ensuring health and safety both indoors and outdoors. The teacher who opens each classroom is responsible upon arrival each day for monitoring the environment and removal of any hazards. All teachers are responsible for daily visual checks of the environment. All equipment in need of repairs will be repaired or removed immediately. Any needed repairs or unsafe conditions will be reported to the director. The teachers will also monitor the outdoor playground and remove any hazards prior to any children using the space.
- b. Toxic substances, sharp objects, matches, and other hazardous objects

- and supplies will be kept out of the reach of the children at all times.
- c. All bleach and cleaning supplies will be stored out of the reach of the children.
  - d. No smoking is allowed on the premises. Nonotuck Community School is a smoke free environment.
  - e. Any medications kept on the premises will be stored out of the reach of children

### **Safety checklist**

The teachers of each group will monitor the safety of the environment.

### **OUTDOORS**

- Caps or screws on all equipment
- Smooth wood on sandbox and slide
- Screws tight on swings
- Bikes working properly
- Gate closed when children in yard

### **INDOORS**

- Shelves and large equipment fastened to wall
- Chairs and tables solid
- Small objects stored out of reach of toddlers
- Toys securely on shelves, not teetering on shelves
- All screws and nails flattened

No sharp objects protruding

## **7. PLAN FOR EXCLUSION**

Children who exhibit symptoms of the following types of infectious diseases such as gastro-intestinal, respiratory and skin or direct contact infections, may be excluded from the school if it is determined that any of the following exist:

- The illness prevents the child from participating in the program activities. Ex. coughing or runny nose that interferes with play or sleep or requires an over the counter medication to control.
- They have or have had a fever of 100 degrees or higher in the past 24 hours. Children must be fever free without taking fever-reducing medication for 24 hours before returning to school.
- Diarrhea (more than the child's normal number of stools, with increased stool water or decreased form). One incident that is not contained by diapers or controlled by toilet use, or one incident of stools that contain blood and/or mucous; or three incidents that are contained by diapers or controlled by toilet use. A child must be free of symptoms for 24 hours without medication before returning to school.
- Vomiting two or more times in the previous 24 hours at home or once at the school. A child must be free of symptoms for 24 hours without medication before returning to school.
- The child has any of the following conditions: unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of serious illness
- Mouth sores, unless the physician states that the child is non-infectious
- Rash with a fever or behavior change until the physician has determined that the illness is not a communicable disease

- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow discharge, often with matted eyelids) until examined by a physician and approved for readmission with or without treatment
- Tuberculosis, until the child is non infectious
- Impetigo until 24 hours after the treatment has started (sores must be covered) or all the sores are scabbed over.
- Head, lice free of all nits or scabies and free of all mites
- Strep infection, until 24 hours after treatment and the child has been without fever for 24 hours
- Hepatitis A, unless treated with rafampin for 2 days
- Chickenpox until last blister has healed over

Nonotuck may require that a child who has been excluded receive an evaluation by a physician, physician's assistant or nurse practitioner before returning to school. Nonotuck reserves the right to make the final decision concerning the inclusion or exclusion of the child.

## 8. PLAN FOR CARING FOR MILDLY ILL CHILDREN

Children who are mildly ill can remain in school if they are not contagious and they can participate in the daily program including outdoor time. The following are examples of children that may stay in the program:

- A child who has a slight cold may come to school if they have none of the following symptoms: fever, no appetite, excessive tiredness or irritability, specific aches or pains (ex. sore throat, earache), coughing or runny nose that interferes with play or sleep.
- A child who has allergies
- A child who has been on antibiotics for 24 hours or more

If a child in care exhibits symptoms requiring exclusion, the following steps will be taken:

A teacher will call the child's parents and ask them to come and pick up the child. If the parent cannot be reached within a half hour then the emergency contact person will be called. The child will be cared for in a quiet area by a teacher qualified person until pickup by the parent. Any toys, blankets or mats used by and ill child will be cleaned and disinfected before being used by other children.

## 8. PLAN FOR MANAGING INFECTIOUS DISEASE

- a. When a communicable disease has been introduced into the school, parents will be notified immediately, and in writing by the director. Whenever possible, information regarding the communicable disease shall be made available to the parents. Confidentiality in the matter will be maintained. The director shall consult the Day Care Health Manual for such information.
- b. The program requires, on admission, a physician's certificate that each child has been successfully immunized in accordance with the Department of Public Health (DPH) recommended schedule. No child shall be required to have such an immunization if his parent(s) object, in writing, on the grounds that it conflicts with their religious beliefs or if the child's physician submits documentation that such a procedure

is contraindicated. No child shall be admitted into the program without the required documentation for immunizations. A list of the children who have documented exemptions from immunizations will be maintained by the program and these children may be excluded from attending when a vaccine preventable disease is introduced to the program.

- c. Teachers shall ensure that staff and children wash their hands with liquid soap and running water using friction. Hands shall be dried with individual or disposable towels. Staff and children shall always wash their hands at the following times:
- ❖ Before eating or handling food
  - ❖ After using the toilet, or helping a child use the toilet, or changing a diaper
  - ❖ After coming in contact with blood or other potentially infectious body fluids
  - ❖ After handling school animals, or their equipment
  - ❖ After cleaning the room (sweeping, wiping tables, etc.)

## 10. PLAN FOR ADMINISTRATION OF MEDICATION

Nonotuck will only administer medications when a medication administration plan has been approved by the director (or designee). The plan must be for the specific medication for the specific child. The director of Nonotuck (or designee) will have the exclusive right to approve the administration plan. The director of Nonotuck (or designee) reserves the right to request additional information/documentation prior to approving such a plan.

All parents will be responsible for providing Nonotuck with a list of medications that their child is taking on a daily basis, even if these medications are not being given at school. The parent will also supply Nonotuck with a written list of all side effects of any daily medications that the child takes. Parents are responsible on a daily basis to inform the classroom teachers of any medication their child has taken in the past 24 hours.

Medications will only be given in the school setting when absolutely necessary. Each child reacts uniquely to any medication and even prescribed medication in proper doses can cause side effects. Routine medications prescribed to be taken once or twice a day will not be given at Nonotuck. These medications should be given by the parent at home. Parents should attempt to arrange with their physician (MD) a dosing schedule for all medications that does not occur during school hours. If this cannot be done the parent is encouraged to come to school to administer the medication. If this is not possible teachers will be responsible for administering the medication. The first dose must always be administered by the parent at home in case of an allergic reaction. If it is necessary to give medications during school hours, the following policy will be followed.

- a. Prescription or non-prescription medications will be administered to a child only with the written order of a physician. Prescription medication must be brought to school in the original child proof container. It must include the child's name, the date, physician's name, the name of the medication, the dosage, the directions, the duration, storage requirements and the expiration date. In the case of a prescription medication, the prescription label will be accepted as the written authorization of the physician if it indicates that the medication is for the specific child and includes specific dosing, and a specific time frame. A label that

states "as directed" is not acceptable. Nonotuck reserves the right to request additional information/documentation if dosing instructions are not clear.

b. Nonotuck discourages the use of over the counter (non-prescription) medications either before or during school for non-chronic conditions. If your physician has prescribed non-prescription medication to be administered at school, they must fill out and sign the Authorization for Medication Form indicating specific dosage, start and end dates, and times that medication is to be administered. Non-prescription medication must be brought to school in the original child proof container. No medication, whether prescription or non prescription (including vitamins, herbs, herbal supplements, dietary supplements, home remedies, electrolyte replacement fluids, etc.,) will be administered to a child by school staff without written parental authorization and an MD order. All substances are considered to be medications in the child care setting. Cough "drops" and other hard candy like medications are prohibited.

c. In the case of prescription or non prescription PRN (as needed) medication, the Authorization for Medication Form must include a statement from the physician with specific criteria for administration. This statement will be valid for one year from the date it was signed. *EX: an asthma inhaler.* The School will make every attempt to contact the parent prior to the administration of PRN non-prescription medication unless the child urgently needs the medication or when contacting the parent will delay appropriate care unreasonably.

d. The parent must fill out an individual Authorization for Medication Form for each medication to be administered at school. A written record of the administration of the prescribed medication will be kept on the Authorization for Medication Form. This record will include the time and date of each administration and the signature of the staff member administering the medication. This form will be kept in the classroom until end date when it will be placed in children's file. The person giving the medication is responsible for completely understanding the order for giving the medication. If the medication order is unclear, the medication will be held, until the order is clarified. All staff will wash their hands prior to giving any medication. Staff will make an entry on the medication log for each day during the prescribed time period. If a child refuses to take a scheduled or necessary medication the teacher will document the refusal in the medication log and the parent will be called. If child is absent or school is not in session that will be noted as well. Any unused medication, when an order has expired, will be returned to the parent. Any medication not taken home by the parents will be destroyed within 2 weeks.

e. All medications must be handed directly from the parent to the teacher or director. Under no circumstance will medication be allowed to remain in a child's back-pack, and be transported back and forth from home to school. All medications will be stored out of reach of children. In the case of PRN (as needed) medications which stay at school, parents will need to ask the physician for a separate prescription as all medication must be in the original prescription container. Parents are responsible for ensuring that PRN medication is within expiration date. The parent is responsible for providing the Center with the appropriate measuring device for each and every medication. A generic "teaspoon" can be very inaccurate. There are many times that the amount to be given is smaller than a teaspoon and an exact measure is essential. No medication, under any condition or circumstance can be added to foods or beverages and brought to Nonotuck by a parent. If the staff suspects a medication in food/drink, the food/drink product will not be given to the

child and will be returned to the parent. Medication will not be added to food/drink etc. by staff unless directed in the MD order.

f. If there are specific procedures to be followed in giving any medication, with which the staff are unfamiliar the health consultant or other designated health professional will describe or demonstrate the procedure to the staff. Nonotuck reserves the right to refuse to administer a medication until appropriate training from a health care professional can occur.

g. Topical ointments, and sprays such as petroleum jelly, lip balm (chapstick) sunscreen, bug spray etc. supplied by parents will be administered only with written parental permission. The signed permission statement from the parent will be valid for one year. Staff members do not document the administration of topical ointments and sprays applied to healthy, intact skin.

h. When non-prescription topical ointments and sprays are requested to be applied to wounds or severe diaper rash with broken skin, the School will follow its written procedures for nonprescription medication which includes the written order of the physician and the Authorization for Medication Form signed by the parent.

i. Any medications to be administered that are not oral, topical or inhaled are considered "special circumstance" and may need additional documentation and additional training for the staff to administer. These "special circumstance" medications will be dealt with on a case to case basis utilizing the team approach. The team will consist of the child's parents, MD, director, teachers, Health Consultant and EEC licensor. Injectible medications may not be given in Massachusetts child care settings with the exception of the Epi-pen. All staff who are responsible for a child with an Epi-Pen will have additional training for its use from a Health Care Professional. An annual evaluation of the ability of the staff authorized to administer medication will take place during our CPR renewal with our health care consultants.

The parent may also, with written permission from the physician, and if approved by our Health Care Consultants, and/or board of Directors, train staff in implementation of their child's individual health care needs. A written plan for medication disposal is kept with the medication.

## 11. PLAN FOR MEETING INDIVIDUAL CHILDREN'S SPECIFIC HEALTH NEEDS

a. During intake, parents will be asked to record any known allergies or specific health conditions on the face sheet. The face sheet will be updated yearly. The director will ensure that the staff has the proper training to deal with children with asthma, or any other specific health concern.

b. If a child at the School has been identified by their physician as having asthma, an Asthma Record will be filled out. Teachers will administer asthma treatments, if necessary. Parents are responsible for providing nebulizer (or other inhalers) and medication and ensuring that medication is within expiration date. If a child requires treatments more frequently than every 4 hours - the child may not attend school.

c. If an allergy is identified upon enrollment, and at any time a new allergy is

identified, an Allergy Form will be filled out by the parent that will include specifically what type of reaction a child has, and how the reaction should be treated. All allergies will be posted in each classroom. This will be done in a manner which ensures confidentiality. *EX.:The list will be posted with a red cover sheet which states "ALLERGIES Posted Here".* Allergy lists will be updated as necessary, as new children enroll and as unknown allergies become known. All staff and substitutes will be kept informed by the director about known allergies so that children can be protected from exposure to foods, chemicals, pets or other materials to which they are allergic. For a child with specific food allergies, the staff will be aware of substitutions for snacks and breakfast when completing weekly menus.

d. All staff will be aware of any children at the school with life threatening allergies. A list of these will be posted in a conspicuous place, maintaining confidentiality. The director will make sure that all staff are trained in the specific emergency procedures for the child. If a child has a severe allergy the parents will provide an emergency kit which will be available at all times with instructions for its use. The director will be responsible for ensuring that staff receive appropriate training to handle emergency allergic reactions. In the case of any emergency medication the child will not be allowed to attend the center until all paperwork is in place and the medication is present. If the medication has expired, the child will not be allowed to attend until new medication is brought in. All emergency medications will accompany the child on any outings or field trips.

The Asthma and Allergy foundation recommends that any child who has been prescribed an Epi-pen have 2 Epi-Pens at the center. If an Epi-Pen is administered at school, 911 will be called. A child may not attend the school until the next day following a 24 hour period after the dose was given (whether dose was given at home or school).

e. Nonotuck has a "PEANUT SENSITIVE ENVIRONMENT POLICY" and serves no peanut-product snacks. In addition no peanut products or dishes are served at Nonotuck social events, whether school wide or classroom specific. This includes all foods contributed by community members. In the event of enrollment of a child with a peanut allergy, the parents can request, with appropriate physician documentation, that her/his classroom be peanut-free. This means peanut-free lunches for all students enrolled in that classroom.

f. Any other specific health concerns that are identified, such as epilepsy, bleeding disorders, diabetes, heart conditions etc. will be addressed at the time of enrollment or diagnosis. A Chronic Illness/ Condition Record will be filled out. Parents must also sign a permission release form for the condition for the school to be able to obtain additional information from the MD if necessary.

## 12. PLAN FOR INFECTION CONTROL

*All staff will be trained in infection control procedures upon employment.*

Handwashing is the first line of defense against the spread of infections. The School shall ensure that staff and children wash their hands with liquid soap and running water using friction. Hands shall be dried with individual disposable towels. Staff and children shall wash their hands at the following times:

- Before eating or handling food
- After using the toilet or changing a diaper
- After coming in contact with blood or any other potentially infectious body fluids
- After handling any animals or their equipment at the School
- After cleaning
- Before giving any medications or providing First Aid Care

Teachers will wash the following surfaces with soap and water and disinfect with a fresh, standard bleach solution (1/4 tsp. bleach to 1 quart of water) after each use:

- Toilet training chairs which first have been emptied into a toilet
- Sinks and faucets used for hand washing after the sink is used for rinsing a toilet training chair
- Diapering surfaces
- Thermometers
- Mouthed toys

Teachers will wash snack tables with soap and water and disinfect with a fresh, standard bleach solution (1 tablespoon bleach to 1 quart of water) before each use. Chairs, nap mats and cots will be washed with this bleach solution weekly or more often if needed.

Sheets, blankets, and pillowcases will be sent home with parents at the end of each week for laundering.

### 13. STANDARD PRECAUTIONS

- All blood and body fluids will be treated as if they were potentially infectious.
- Latex or vinyl gloves will be worn by all staff when they come in contact with blood or body fluids. Specifically, gloves will be worn during toileting, diapering, and when administering First Aid.
- Gloves will be made available to all staff at all times. Whenever a staff person is outside the building with children gloves will be readily available, either in a First Aid kit present in the immediate area or in the possession of the staff person.
- If a staff member has an allergy to a specific type of glove, the School will provide another type of glove to ensure the staff member's safety without causing an allergic reaction.
- Gloves will never be reused and will be changed between children. Handwashing will always occur when gloves are removed.
- Proper disposal of infectious materials is required. Any disposable materials that contain liquid, semi-liquid or dry, caked blood will be double bagged and disposed of separate from the regular trash. *Biohazard containers are not necessary in the school.*
- Cloth items that come into contact with blood or body fluids will be double bagged and sent home with child's parents for laundering.

- h. Staff members will have a change of clothes on site in case their clothing becomes contaminated.
- i. Each staff member will be trained in Standard Precautions Procedures upon employment and then annually.
- j. The school will have an exposure control plan.
- k. Any blood spill will be cleaned up by first using a disposable absorbent material\* and then disinfecting the area thoroughly with a bleach solution. All materials will be thrown away using the double bagging method. Employees will wear gloves during this procedure and thoroughly wash their hands after removing the gloves.  
*\* a commercial blood spill kit or disposable paper towels will be accepted for this procedure*

#### 14. TOILETING AND DIAPERING PLAN

##### Toileting Plan:

1. Children will be assisted in toilet training in accordance with parental requests and consistent with child's physical and emotional abilities. Children will wash hands after toileting.
2. Staff will use gloves when assisting children with toileting.
3. During toilet training children will be toileted at regular intervals and on request. Children will be praised for successes but will not be ridiculed for toileting accidents.
4. Older children will be assisted in developing independence in their toileting. However, teachers will remind children to use the toilets during the transition periods of the day.
5. Teachers will ensure that parents provide an adequate supply of extra clothing so that clothing that is wet or soiled can be changed.
6. Wet or soiled clothing will be packed in a plastic bag and sent home with the child to be laundered.
7. Any mat covers or blankets that are wet during a nap will also be bagged and sent home with the child.
8. Children will wash hands after toileting.
9. Staff will discard gloves and wash hands after assisting with toileting.

##### Diapering Plan:

1. Staff will change the diapers of all children regularly and when soiled or wet. Routine diaper checks and necessary changes will occur according to the following schedule:  
 10:30 AM  
 12:30 PM  
 2:30 PM  
 4:30 -5:00 PM

2. Staff will wash hands and put on latex or vinyl gloves before diapering each child.
3. A clean sheet of table paper will be placed on the changing table for each child.
4. Parents will provide wipes for their child. The School will have an extra supply of wipes as well.
5. The teachers will ensure that parents provide an adequate supply of disposable diapers for their child. The School will have an extra supply of diapers as well.
6. Wet and soiled diapers are stored in a Diaper Genie that is emptied every day.
7. The paper for the changing table will be disposed in the trash container. The diapering mat will be disinfected and wiped off with the paper towel after each use.
8. The gloves will be removed and placed in the trash container and staff will wash their hands after each diaper change.

## 15. PROCEDURE FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

*All staff members are mandated reporters according to Massachusetts General Law C119, section 51A. This means that if a staff member has a reasonable suspicion of abuse or neglect of a child he/she must file a report with the Department of Social Services. The director will ensure that all staff are trained in recognizing abuse and neglect.*

The following procedure will be followed:

- a. A staff member who suspects physical, sexual or emotional abuse or neglect must bring the suspicion to the director's attention immediately. The staff member must document his/her observations including the child's name, date, time, child's injuries, child's behavior and any other pertinent information.
- b. The director or a staff member with the assistance of the director will make a verbal report to DSS, to be followed by a required written report 51A within 48 hours. **Department of Social Services telephone # is 800-792-5200**

### **Northampton DSS- 587 7955**

- c. If a staff member feels that an incident should be reported to DSS and the director disagrees, the staff member may report to DSS directly. The director and/or the School may not in any way punish the staff member for filing a report.
- d. Documentation of the child's daily behavior will commence immediately and continue until all suspicions have been deemed unfounded or the situation has changed.
- e. All concerns of suspected abuse and neglect that are reported to DSS will be communicated to the parents by the director unless such a report is

contraindicated.

- f. Any report of suspected abuse or neglect of the child by a staff member while he/she is at the School will be reported immediately to DSS and to EEC. A meeting will be held with the staff member to inform him/her of the filed report. The director will file a written report of the alleged incident within 24-36 hours, including date, time, parties involved (including children) place and description of the incident. The director will notify the president of the Nonotuck board of directors of the incident.
- g. The staff member in question will be immediately suspended from the program without pay pending the outcome of the DSS and EEC investigations. The staff member may use vacation pay or other paid time during the investigation. If the report is screened out by DSS, the Director has the option of having the staff member remain on suspension pending the EEC investigation or allowing the staff member to return to the classroom. This decision will be made by the director and will be based on the seriousness of the allegations and the facts available. If the allegations are unsupported and the staff member is reinstated, they will receive back pay for lost time or have vacation pay and /or other pay restored.
- h. If the allegations of abuse and neglect are substantiated, it will be the decision of the director and the board whether or not the staff member will be reinstated.
- i. The director, the Nonotuck board of directors, and the staff will cooperate fully in all investigations.
- j. A copy of all written records pertaining to the incident will be kept in the staff person's file.