

**WELLESLEY COMMUNITY CHILDREN'S CENTER'S  
EARLY CHILDHOOD PROGRAM  
HEALTH CARE POLICIES AND PROCEDURES**

*Hand washing is the first line of defense against infectious disease.*

During any child's first year of enrollment in a group care setting, they are exposed to more viruses, and therefore may be ill more often than in subsequent years. Because WCCC's teachers have experience with sick children and know your child's typical daily behavior, they are good judges of childhood illnesses. We take our responsibility to you, your child and all the other parents and children in the program seriously, and so we tend to be cautious. If your child is mildly ill, with no fever, but is having difficulty being at WCCC or needs exclusive one to one attention, we will call you and make a joint decision about whether your child should go home. If your child has a temperature of 100.5 or more, vomits, or has diarrhea while at WCCC, we will provide a quiet resting area, food and water (if appropriate), call you, and set a time for your child to be picked up. While your child is waiting, we will provide toys, books, and TLC.

At WCCC, we try to reduce the spread of germs by following strict hand-washing guidelines. We ask that children and adults wash their hands with soap and running water upon entering the classroom. Teachers and children also wash their hands before eating or handling food, after toileting or diapering, and after wiping noses. We wash and sanitize toys regularly; if a toy or any object has been mouthed, it will be washed and sanitized before it is available for other children. All surfaces in both of our infant rooms and all table surfaces in toddler and preschool rooms are cleaned and sanitized prior to use.

We go outside daily. Children not well enough to play outside should remain at home. Our pediatric consultant meets with staff at least two times a year and is available as needed to confer with staff regarding specific health cases or general school policies.

**Nut Aware Policy**

WCCC's Early Childhood Program seeks to maintain a peanut- and tree nut-free environment for the health and safety of children and staff members in our program who have allergies. We are as "Nut -Aware" as we can be. Teachers work to ensure that foods provided by WCCC will not contain nuts or peanut oils. When packing your child's lunch or bringing in snack, please do not send in products that contain nuts. We ask that you carefully check labels on all pre-packaged foods like granola bars.

Each year our Pediatric Consultant reviews our Health Care Policies, including food safety standards and works with us to develop the following health related guidelines:

**Medication:** Please inform teachers at drop off if your child has been given any medication within the last 12 hours. This includes prescription medication and over the counter medications for pain, fever or coughs. In the event that an ambulance is called for illness or injury, we would need to share this information with EMS. If your child is diagnosed with a condition that requires antibiotics, they may return the next day only if they meet the following criteria: they should have received at least two doses of antibiotics if medication is dosed once daily or three doses of antibiotics if dosed twice daily, be fever free and have the energy level to be at school.

- **Temperature:** Since we are not able to use an oral or rectal thermometer, we must rely on ancillary (under the arm) temperatures which can have some variation. A child will be sent home with a temperature of 100.5 or more. Children should stay home until they have been fever-free – without medication - for at least 24 hours. Activity level, irritability, appetite, and ability to participate should also be considered before bringing your child back to the Center. In the morning, please check your child's temperature before coming in. Please do not give your child fever-reducing medication prior to sending them to school. After arriving at school, if a child does not feel well enough to participate in group-activities, we will let him/her rest for a time; if symptoms persist we call parents.
- **Diarrhea:** A child who has had watery stools more than once in a short period of time will be sent home. Children may return to the Center once the diarrhea is under control; meaning it is solid enough to be contained in a diaper or formed enough that an older child has enough warning to be able to void into the toilet. If your child is taking medication, has an allergy or condition, which regularly causes diarrhea, please alert teachers.
- **Vomiting:** A child who is vomiting will be sent home and must remain home until the vomiting has stopped. Parents should inform the Center concerning the course the vomiting takes. A child who vomits in the night or in the morning should remain at home for at least 24 hours. Children must eat at least one meal in the morning and wait to digest it before coming in to school.
- **Conjunctivitis:** An infection of the eye characterized by a yellow discharge and tearing which is often contagious. Typically, the whites of the eyes are red and there is a crusty or goopy discharge in the morning or when a child awakens from nap. If a teacher notices any of these symptoms, they will contact parents by phone to enable families to get in touch with their pediatrician. This infection must be treated with antibiotics before the child can return to the Center. Instructions from the child's pediatrician should be followed.
- **Strep Throat:** fever, swollen neck glands, and a red throat often accompany Strep throat. Scarlet fever is strep throat with a rash. These conditions require antibiotics and children should not return to the Center until the next day. They should have received at least two doses of antibiotics if medication is dosed once daily or three doses of antibiotics if dosed twice daily, be fever free and have the energy level to be at school.

- **Impetigo:** This is a highly contagious skin infection, which should be treated with antibiotics for 24 hours before your child can return to the Center. Infected area must be covered once the child returns to school.
- **Ear Infections:** Ear infections are common for some children. It is important to closely monitor ear infections, particularly in children developing language. We ask that the child be fever-free, and be able to participate in Center activities.
- **Chicken Pox:** State regulations require that prior to school entry all preschoolers receive the varicella vaccine or provide documentation of chicken pox immunity. Documented religious exemptions are the only exceptions. If a child contracts chicken pox, they are still contagious one full day after the last blister appears and must stay out of school until all blisters have crusted over-typically 5-7 days after the first blister appears.
- **Allergies:** Parents must notify the center, in writing, of their child's allergies. Parents must describe symptoms of the allergy and expected treatment. We post information about allergies in each child's classroom and, in the case of severe food allergies, will stop serving that food in their classroom. Parents of children with food allergies must provide their own snacks and/or go to the kitchen and choose snacks from our stock. Parents should plan to bring in 'special' treats, which can be frozen to be served to their child during classroom celebrations. In the case of a known allergy to a chemical or other material, we will post this information and eliminate exposure in the classroom environment, if possible. It is extremely important that we have permission and instructions to administer an Epi-Pen and/or antihistamines (for example, in the case of a known allergy to bee stings) if necessary."
- **Rashes:** Skin rashes, whether on the diaper area or on other parts of the body or face, may be caused by a variety of things. If your child develops a rash we will call to talk to you about it, and possibly ask that you contact your pediatrician.
- **Coxsackie A:** This is a viral infection that typically presents with a fever followed by mouth/throat lesions as well as tiny blisters on palms and soles. Some of the newer strains include a full body rash that may not be evident until the child's fever is gone. Children may return to school once fever free for 24 hours and 72 hours after the onset of symptoms (fever, mouth lesions or blisters), as long as they are feeling comfortable enough to fully participate in all activities.
- **Ticks:** If we discover a tick on your child's body, we will contact parents immediately and recommend that they or one of their emergency contacts comes to school to remove the tick as soon as possible. WCCC staff are not able to remove a tick.

- **Splinters:** If your child gets a splinter while at WCCC, we will wash the area and cover it with a bandage. Teachers will let parents know about the splinter at pick up.
- **Head Lice:** While head lice is not a health issue, it creates an enormous amount of work for families. It requires parents to make a decision about applying pesticides to their child or in some cases hiring a somewhat costly expert to pick through children's hair. At WCCC, we recognize that, unlike schools where older children can be told to keep their heads away from friends, our children are unlikely to be able to do that. Children lie down on the rugs, play in close proximity to each other and can literally be found putting their heads together. Our aim is to do what is reasonable to prevent lice from spreading by using a balanced approach and involving parents directly in the detection of lice. So, we are enacting the following protocol:

- If we determine that your child has lice, we will call you and ask that you pick up your child.
- We will provide you with information on lice treatment and prevention and suggest that you call your pediatrician for recommendations
- After whatever treatment you choose, your child may not return to his or her class until he or she has been checked for lice in the office. At that time, there will be two people checking your child's head – you and one of us. We are not experts in detection, but we can help parents know what to look for.
- If, post treatment, we find what we believe to be live lice or viable nits we will ask that you return home to do a thorough check, more combing, and/or nit removal. Generally nits cannot live or hatch when they are more than ½ inch from the scalp. Nits are not contagious; they stick to the hair shaft and cannot fall off. The concern with nits is that if not removed, they will hatch a new batch of lice bugs to begin the cycle again.
- We will alert all families so that the entire community can be vigilant to prevent the further spread of lice.

We ask that you **please** report to us if you have treated your child for head lice or if a sibling has had lice. You know how much work it was for you. Anything you can do to prevent another family from going through that is a kindness.

- **Nebulizer Policy:** When a child requires regular nebulizer treatments multiple times a day, the first treatment must be given prior to arrival at WCCC. If a child needs to receive medication through a nebulizer during the day, we will only administer this medication if parents provide it in the original prescription box/bottle with dose clearly stated. When possible, please provide doses that are pre-measured and individually wrapped. Parents will be asked to fill out a medication authorization form stating the dose and times of treatment each

day. We will not make the decision about giving children a nebulizer treatment on an "as needed" basis. If we think a child's breathing needs to be assessed during the day, and the nebulizer has already been administered as indicated on the medication form, a parent will be asked to come in to decide about administering this medication an additional time.

- **Contagious Diseases:** If your child contracts a communicable disease or serious illness, you must report it to a teacher or director. Children with a contagious, reportable disease must stay at home until all danger of contagion has passed as recommended by the Department of Public Health. Whenever we have a communicable condition, such as chicken pox, strep throat, fifth disease, head lice, measles, salmonella, etc., we notify parents in the room where the condition exists and post a sign on the classroom doors, if necessary. In the event that a child needs to be excluded due to a communicable disease or for other health reasons, we will contact our Pediatric Consultant or the town of Wellesley Department of Public Health. Your child may return to the Program when approved by the pediatrician or health official.
- **Chronic conditions:** When a child has a chronic condition requiring routine medication administration or conditions requiring epi-pens, an Individual Health Plan is necessary.

In addition to the above, if your child seems unusually irritable, lethargic, or generally "not him/herself", but shows no other symptoms, we will notify you and a joint decision will be made about whether your child should remain at WCCC.

WCCC follows the Massachusetts Department of Public Health's HIV Infection/Aids Policy.

### **Individual Health Care Plans (IHP)**

Whenever a child has a chronic medical condition, which has been diagnosed by a licensed health care practitioner, parents must provide WCCC with a written plan that describes the nature of the condition, symptoms, any medical treatment that may be necessary while the child is in WCCC's care, the potential side effects of that treatment, and the potential consequences to the child's health if the treatment is not administered.

With written parental consent and licensed health care practitioner authorization, teachers may administer routine, scheduled medication or treatment to the child with a chronic medical condition. The teacher must successfully complete training given by the child's health care practitioner or with his/her written consent, given by the child's parent or programs health care consultant, that specifically addresses the child's medical condition, medication, and other treatment needs. Teachers document all medication or treatment administration, in the child's medication and treatment log.

An IHP is necessary for any child with a food allergy, asthma, diabetes, epilepsy, febrile seizures or any chronic condition that requires specialized attention at school. Parents must meet with the Program Director to create the Individual Health Plan and then with classroom teachers to train staff on how to implement the plan prior to the start of each school year. The IHP must be reviewed and signed by a doctor every 365 days. Parents must provide current prescriptions and medications as required by the IHP in order for a child to attend school.

## **INFECTION CONTROL**

HANDWASHING is the first line of defense against infectious disease.

### **Hands must be washed with soap & running water (Teachers, Parents, Children)**

- ✓ Upon entrance into the school/classroom
- ✓ Before preparing, serving, or consuming food or drinks
- ✓ After diapering, using the toilet, wiping noses, cleaning up bodily fluids
- ✓ After handling or feeding pets
- ✓ After playing in the dirt or sand outdoors
- ✓ After touching a child who may be sick

### **Procedures for Hand washing (Teachers and Parents)**

- ✓ Use running water and liquid soap
- ✓ Rub your hands vigorously for about 20 seconds as you wash all surfaces
- ✓ Rinse well under running water
- ✓ Dry with a single use paper towel
- ✓ Use the paper towel to turn off faucet. Discard towel
- ✓ Use lotion to prevent chapping
- ✓ When running water is not available, hand sanitizer may be used by adults

### **Children**

- ✓ Help children learn to squirt the liquid soap on their hands
  - ✓ Help them learn to wash and rinse their hands under running water while singing the ABC's or counting slowly to 20
  - ✓ Help them learn to dry their hands with paper towels, turn off water, and discard towel.
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- All employees and volunteers will be given instructions about hand washing procedures at their orientation. Directors will periodically review hand-washing procedures with all staff.
  - Our sanitizer is used to disinfect all cups, plates, utensils and mouthable toys after use. We use bleach to sanitize tabletops, and other toys at the end of each day, and spills as they happen.
  - Non-latex gloves are used to clean up bodily fluids or blood spills. When necessary, the college cleaning company will be called to clean large areas.

## **DISTRIBUTION OF MEDICATION**

### **Dispensing Prescription and non-Prescription Medication**

The first dose of any medication must be administered by parent or guardian at home, with time allowed to ensure that the child does not have an allergic reaction. Parents must provide all medication. Medications must be dispensed following the directions on the original container, unless authorized in writing by the child's licensed health care practitioner. Any medications without clear directions on the container must be administered in accordance with a written physician's or pharmacist's order. Unused, discontinued, or outdated medications will be returned to parents. As noted above, each time a medication is administered, the teacher must document in the child's record the name, dosage, time, and method of administration, and who administered the medication. For children with Individual Health plans, parents with written permission from their child's health care practitioner may train teachers to implement their child's plan. A teacher may administer the first dose of an emergency medication like an EpiPen to a child with parental consent.

### **Prescription Medications**

All prescription medication must be in the original pharmacy container, labeled with the name of the child who will receive it and a current date. State regulations prohibit staff from administering any prescription medication without a medication form signed by parents, which states the type, dosage, and time at which the medication is to be given to the child. Medication forms are located in each room and must be given to a staff member after they are filled out by parents. The teacher administering the medication signs the form and indicates dosage and time the medication was given. Medications are stored in locked containers in the classroom refrigerators or on a high shelf.

### **Non-Prescription Medications**

We must have a signed physician's directive **and** written permission from parents before we will administer over the counter/non-prescription medication, which must be in the original manufacturer's container. The physician's permission may not state, "as needed." Permissions must be clearly dated and indicate the kind of medication, dosage, and criteria for administration. In addition, we need a signed parental statement authorizing us to follow the physician's directive in administering non-prescription medication. We will make every attempt to contact parents before we administer non-prescription medication approved by parents and physician.

Parental authorization only is required for administering such non-prescription medications as sunscreen, various ointments, lip balm, etc. While not a medication, we also require a parental permission to apply insect repellent.

Teachers receive training in the recognition of common side effects and adverse reactions of various medications, as well as potential side effects of specific medications. Unused portions of medicines will be returned to parents at the end of the dosage period.

## **Insect Repellants**

Parents sign consent for insect repellants to be applied to children. WCCC complies with the recommendations from the Department of Public Health (DPH) regarding insect repellent usage and children. Insect repellent with a DEET concentration of 30% or less for children older than two months only. Staff apply repellent on their hands first and then apply it to the child when necessary and/or requested by the parent.

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