

WELLESLEY COMMUNITY CHILDREN'S CENTER
EARLY CHILDHOOD PROGRAM



HEALTH CARE POLICIES &
PROCEDURES
FALL 2024

GENERAL HEALTH CARE POLICIES AND PROCEDURES

Our Pediatric Consultant meets with staff at least twice a year and is available as needed to confer regarding specific health cases or general school policies. Each year our Pediatric Consultant reviews our Health Care Policies, including food safety standards and currently COVID-19 and works with us to develop the following health related guidelines.

****It is essential that parents inform teachers in the morning, if they have given their child medications of any kind in the previous 12 hours, so that we can tell EMS in the event of an emergency.***

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.

******Fever reducers may not be given to a child on any day of attendance, unless directed by the pediatrician to alleviate teething, ear infection symptoms or post-procedure follow care.***

VACCINATIONS

A child or adult may return to school/work following a vaccination or booster shot, if they are fever free and feel well enough to participate in typical school activities with their usual energy level.

ECP MASK POLICY

Families who wish their child (over 2 years old) to wear a mask, should inform teachers. Teachers will inform families of any classroom cases of communicable diseases or illnesses like Covid, Strep, RSV, Conjunctivitis, etc.

HANDWASHING

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. Hands will be washed or sanitized before putting on a mask or after taking off a mask.

OUTDOOR PLAY

We go outside daily, including in inclement weather. We follow the EEC temperature/wind chart regarding safe weather conditions for outdoor play. Parents need to send in weather appropriate clothing each day.

Children not well enough to play outside should remain at home. (No bad weather, only bad clothes!!)

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 or traces of nuts or may contain nuts. Please do not eat any nut products in the car on the way to school. We ask that you carefully check labels on all pre-packaged foods like granola bars. If we discover an item that may contain nuts, we will send them back home in the child's lunchbox.

**When we have a child with severe food allergies, we will inform the entire classroom community and ask that certain foods (i.e. eggs, sesame) be avoided in lunches as possible.

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 any over the counter medications for pain, fever or coughs.

*The first dose of any new medication must be given at home with time allowed to ensure that the child does not have an allergic reaction.

**Children may not come to school if they have taken a fever reducing medication prior to arrival, as it could potentially mask the onset of a fever. In the event that an ambulance is called for illness or injury, we would need to share medication information with EMS.

***If your child is diagnosed with a contagious (i.e. strep) 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.

****Ear infection medication exception: Because ear infections are not contagious, a fever free, normal energy child may return to school the following day regardless of the number of antibiotic doses they have received.

TEMPERATURES

***Children must be fever free for 24 hours without medication before coming/returning to school.** (ex: If a child has a fever anytime on Tuesday, they must stay home on Wednesday and if fever free, may return to school on Thursday.)

Since we are not able to use an oral or rectal thermometer, we rely on underarm or temporal scanners to access a child's temperature. A child will be sent home with a temperature of 100.5 degrees or more. Parents should contact their pediatrician and follow COVID symptom protocols with any fever.

If a child receives fever reducing medication per IHCP instructions before their temperature reaches 100.5, they must also follow the rule to be fever free for 24 hours without medication prior to coming/returning to the program.

*Please note that we purchase well-rated and expensive thermometers, but realize that any non-rectal or

oral temperature may not be as accurate as we would like. If our thermometer registers a temperature, we typically test for accuracy on an adult, then wait a few minutes before taking the temperature again.

ALLERGIES

Parents must notify the center, in writing, of their child's allergies and meet with an Administrator to discuss the child's needs and review the Individual Health Plan. 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. Parents may sign a waiver giving the teachers permission to serve fruits and vegetables to a child with non-produce allergies. Parents may also sign a waiver giving WCCC permission to provide 'special event treats' if they do not fall under the child's allergy category (i.e. permission to eat a popsicle when the ice cream truck comes). Parents should provide some back up snacks to keep in the classroom. 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.

COMMON ILLNESSES AND RETURN POLICIES

In addition to the below, 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.

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.

MONKEYPOX

In the unlikely event that a member of our community contracts monkeypox, we will close classrooms and any areas where a potential exposure occurred until deep cleaning can occur. We will notify the community of any confirmed cases of monkeypox. We will follow the isolation guidance from the Department of Public Health in terms of the individual's return to the program. Protocols for monkeypox are still in the development process and we will update this policy as new information unfolds.

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 at least two doses of antibiotics before the child can return to the Center.

COVID

Our Covid guidance comes from the CDC and our Health Consultant: <https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html>

COVID SYMPTOMS INCLUDE: Fever (100.5 degrees or higher), Chills, Sore Throat, Cough (not due to other known cause), Difficulty Breathing, New loss of smell or taste, Muscle/Body Aches, Congestion, Fatigue

CHILD WITH A POSITIVE COVID TEST: Please email the directors or call the school if your child has a positive Covid test, so we can alert the classroom community. Positive case numbers will be shared with community while protecting the identity of the covid positive person.

Children over 2 years old: If diagnosed with Covid, children over two years old may return to school once they are fever free for 24 hours, symptoms have improved and children have the stamina to be able to fully participate in an active school day and wear a mask. Children over two years old must wear a mask inside and outside (unless they are physically distant from others) for at least 5 days after their return or until they have a negative test. Please note that a Covid positive child would need to wear a mask during rest time and would need to be physically separated from others during mealtimes for at least 5 days or until they test negative for Covid.

Children under 2 years old: If diagnosed with Covid, children under two years old may return to school five days after symptom onset or a positive test result; as long as they are fever free for 24 hours, symptoms have improved and children have the stamina to be able to fully participate in an active school day. Covid positive children under two years of age may return to school earlier if they test negative for Covid.

***Covid Positive Family Member/Staff Member/Visitor:** To prevent community spread, adults or siblings who are positive for Covid must wear a mask both inside and outside of our program for five days once they are fever free for 24 hours and symptoms have improved. Covid positive siblings and adults do not need to wear a mask once they test negative for Covid.

COXSACKIE A (HAND, FOOT, & MOUTH)

This is a viral infection that typically presents with a fever followed by mouth/throat lesions as well as tiny blisters on hands and feet (sometimes the rash extends to the diaper area and beyond). 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 they have been fever free without medication for 24 hours. They may not come to school if they have open/oozing blisters or while new blisters continue to form. Children must be able to eat and drink normally and have the energy to sustain play throughout the day.

CROUP

Croup is caused by many different viruses, so the recommendation is to return 3 days after symptoms start AND the child is fever free for at least 24 hours. Children with croup have a virus that makes their airways swell. They have a telltale '*barking cough*' (often compared to the sound of a seal's bark) and a raspy voice, and make a high-pitched, squeaky noise when they breathe. Most children with croup get better in a week or so. Children may return to school 3 days after their symptoms began, as long as they have been fever free for 24 hours and have the stamina to participate in a typical school day.

DIARRHEA

A child who has had watery stools more than once in a short period of time will be sent home. Parents should contact their pediatrician and follow COVID symptom protocols. Children may return to school after 24 hours of no further occurrences. Children should pass a typical/formed stool prior to their return to school. If your child is taking medication, has an allergy or condition, which regularly causes loose stools, please alert teachers.

EAR INFECTIONS

Ear infections are common for some children. It is important to closely monitor ear infections, particularly in children developing language. If a child has a fever along with ear pain, they may return to school the following day if the fever has resolved, the pain has improved and the child can participate in the program activities. Ear infection medication exception: Because ear infections are not contagious, a fever free, normal energy child may return to school the following day regardless of the number of antibiotic doses they have received.

FLU

A viral illness that can present with any combination of the following symptoms: fever, congestion, cough, body aches, headache, sore throat, fatigue, vomiting and diarrhea. If diagnosed with flu children may return to school once they are fever free for 24 hours, symptoms have improved and children have the stamina to be able to fully participate in an active school day.

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 and viable nits 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.

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.

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, send you a photo and typically ask that you contact your pediatrician.

RSV

Respiratory syncytial virus (RSV) is a major cause of respiratory illness in young children. The virus infects the lungs and breathing passages. Children with RSV might have cold symptoms, such as a stuffy or runny nose, a sore throat, headache, cough, fever, and not eating/drinking well. Sometimes, an RSV infection can lead to bronchiolitis or pneumonia, especially in premature babies; infants younger than 1 year old and kids with diseases that affect the lungs, heart, or immune system.

- 2 years old and younger: recommend no return to daycare until one week after symptoms began AND a febrile/improvement in symptoms with the stamina to fully participate in all school activities.
- Over 2 years old: return to daycare school after 24 hours fever-free and improvement in symptoms with the stamina to fully participate in all school activities.

SPLINTERS

If your child gets a splinter while at WCCC, we will wash the area and cover it with a bandage. Teachers are not allowed to remove splinters per Dept. of Early Education and Care regulations. Teachers will let parents know about the splinter at pick up.

STREP THROAT

Fever, swollen neck glands, and a red throat often accompany Strep throat. Scarlet fever is strep throat with a rash. This condition requires antibiotics and your child should not return to the Center until he/she has been fever free for 24 hours with the stamina to participate in daily activities. Prior to their return, 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.

VOMITING

A child who is vomiting at school will be sent home. A child may return to school the next day if the vomiting has stopped and they have eaten and digested at least one full meal without issue. A child who vomits in the night should remain at home for at least 24 hours and until the above criteria has been met.

CHRONIC CONDITIONS

When a child has a chronic condition requiring routine medication administration or conditions requiring epi-pens, an Individual Health Plan is necessary. Parents will be asked to complete a permission to post sign and must meet with a director annually to go over the plan. IHP must be updated annually. Children with a chronic health condition may not attend the program without an up to date Individual Health Plan and any required medications.

NEBULIZER POLICY

WCCC will not be able to conduct nebulizer treatments at school. This is considered an aerosol-generating procedure and significantly increases the risk of COVID transmission. Any children who require nebulizer treatments should contact their pediatrician for a metered dose inhaler (MDI) and spacer to use for treatments this year. Children who are too young to use an inhaler must be brought home or to another off-site location to receive their treatment. Teachers and administrators will help support children and families with any pick up and return to school needs.

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. WCCC will accept Allergy Action Plans or Asthma Action plans from physicians.

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 a Director to create/review 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

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

- Before putting on a mask or after removing a mask

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 if needed
- 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
 - 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 mouthed 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. We cannot accept the language "AS NEEDED" in medication orders; we must have a specific description of the symptoms or behaviors that would require the administration of any medication.

PRESCRIPTION OF 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 a 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 parental permission to apply insect or tick repellents.

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 repellant usage and children. Only insect repellant with a DEET concentration of 30% or less can be used for children older than two months. Staff apply repellant on their hands first and then apply it to the child when necessary and/or requested by the parent.

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