



## **Health Care Policy**

**August 2024**

## JOYFUL NOISES PRESCHOOL HEALTH CARE POLICY

### HEALTH CARE CONSULTANT

Our Health Care Consultant is Celeste Dunn, MD. Her contact information is available through the Director.

### ALLERGIES

Joyful Noises Preschool is a “Nut-Free School”. Although there is no way to guarantee a totally nut-free environment, we ask that parents do not pack any lunch or snack items that contain nuts, peanut butter, nut oils, etc. or foods that are produced on a “nut-line” and may contain peanut residue. Teachers will check snacks and lunches each day. If food is brought in that contains these products, the products will be sent home. Parents should read all labels on foods sent to school to ensure they are nut-free. In the case of other allergies, individual Health Care Plans will be discussed and implemented as needed.

### INJURY & EMERGENCY PROCEDURES

1. Staff will assess the child’s injury.
2. If the injury is minor, first aid will be administered by a trained staff member and an accident report will be filled out and given to the parent or guardian for a signature. A copy of the report will be made if requested by the parent, the original will go in the child’s file.
3. If professional health care is needed, a parent or person designated on the child’s emergency form will be called and asked to take the child to their own doctor or the hospital.
4. If a parent or designated person cannot be reached the school’s health care consultant will be called.
5. If the situation is an extreme emergency, 911 will be called while appropriate first aid or CPR procedures are performed. Then a parent or designated person will be called.
6. A staff member will accompany the child in the ambulance (if unable to reach parent or designated person) and will bring all pertinent health information and authorization and consent form.
7. If poison or suspected harmful chemical has been ingested, the Poison Control Center will be called. Then calls to parent or designated person, and ambulance will be called as above.

### MANAGING INFECTIOUS DISEASES AND ILLNESS

For the health and well-being of your child and others at school:

1. An updated physical examination form must be kept on file. These physicals are good for one year after the date of the exam. No child is allowed to enter or remain in school without a recent physical.

2. Immunizations for children are required as set by the Massachusetts Department of Public Health. If a child has a medical or religious exemption, appropriate documentation is required, and additional exclusions shall apply.
3. Children need proof of lead screening to attend school.
4. All children are expected to attend school in good health.
5. Cold and Flu season are the most challenging times with the spread of illness throughout the school. To keep children and staff healthy we may ask families to keep children home longer if they are unable to manage their cold symptoms which spread through coughing and sneezing.

### GUIDELINES FOR ILLNESS EXCLUSIONS

Our goal is to provide a healthy environment for children. Children are expected to come to school healthy, willing and able to participate and go outside daily. To achieve this goal, children should not be sent to school if they are exhibiting the following symptoms. If your child develops any of these symptoms while at school, you will be contacted to take your child home and your child will be isolated until picked up. The following recommendations are guidelines and individual variations that should be considered on a case-by-case basis.

1. A child with a fever of 100.4
2. Persistent, unmanageable cough or thick, opaque, and persistent nasal discharge that the child is unable to manage (blow own nose, cover mouth and wash hands).
3. A child who is lethargic, unwilling/unable to participate or not taking fluids.
4. A child with a severely congested or croupy cough will be sent home for evaluation by a medical professional.
5. A child with red, crusty, leaky eyes should be evaluated by medical professionals to ensure this is not a contagious form of conjunctivitis that requires antibiotics.
6. A child with a bacterial infection such as streptococcal, may not return until he/she has been taking antibiotics for 24 hours.
7. A child with a viral infection may return when symptom free or as directed by a medical professional.
8. A child that has two or more watery stools in one day.
9. A child who is continuously inconsolable and not able to be comforted by staff.
10. A child who has vomited should not be in school or childcare.
11. A child with an unusual or infected skin rash with crusts, itching and/or drainage should be seen by a physician for evaluation. If contagious, the rash must be healed or noncontagious before returning to school.
12. Any child with respiratory illness symptoms (cough, runny nose, or sore throat) and a fever should not attend their childcare program. They can return once their fever associated with these symptoms has been gone for at least 24 hours without the use of fever reducing medicine.

When a child in school has been diagnosed with a communicable illness including hepatitis, measles, mumps, meningitis, diphtheria, rubella, salmonella, giardia, tuberculosis, shingles, and varicella (chicken pox); the school will notify families with a Medical Alert and a report to the local public health office. A diagnosed child must be excluded from the program for the period of time prescribed by the child's physician or by the local public health office.

**Children may return to school after an illness if:**

- They have been fever and symptom free for 24 hours without over the counter medication.
- They do not pose a threat of spreading infection to other children.
- They have had a 24-hour course of antibiotics.
- They have obtained documentation from a medical professional indicating the child is cleared to return to school.
- They are able to participate in daily activities, go outdoors and not require one-on-one care by a staff member.

PLAN FOR ADMINISTERING MEDICINE

Joyful Noises Preschool will work to the best of its abilities to meet the medication needs of the child as ordered by his/her physician.

Medication, whether prescription or non-prescription, except for topical non-prescription medication as stated below, may be administered to a child only with written parental authorization and written order of a physician. Medication will be stored out of children's reach.

**Prescription medication**

- All medication will be administered only if it is in the original prescription container with appropriate label affixed.
- The parent will sign an Authorization for Medication form, which will include the name of the medication, time to be administered and exact dosage amount. This form also includes a log of each time the medication is administered and will be placed in the child's file once medication administration is complete.
- A note signed by the parent containing this information is also acceptable and should be attached to a blank form.
- Teachers will only administer medication which has already been used at least once by the parent or guardian.

**For non-prescription medication**

- A written and signed order of the physician stating the name of medication, dosage, and criteria for administration is required.
- This will be for no more than one year from the date it was signed.
- Written parental authorization is also required.
- 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.
- Parents will be notified each time a non-prescription medication is applied to a diaper rash.
- This does not apply to topical non-prescription ointments like sunscreen and bug spray which are applied to skin free of wounds, rashes, or breaks.

## **Topical non-prescription medications/ointments**

- Topical non-prescription medications such as petroleum jelly, diaper rash ointments, and anti-bacterial ointments, which are applied to wounds rashes, or broken skin, must be in the original container and used only for an individual child. Parents will be notified when the above are used.
- The container will be labeled with the child's name and only administered with written parental permission.
- A signed parental authorization, listing the specific topical medication and the criteria for administration must be completed.
- Medication will not be administered contrary to the directions on the original container unless so authorized by written order of the child's physician.
- Sunscreen and bug spray must be labeled and provided by the parents.
- All medications brought to school must be brought in its original container with the child's name, the name of the drug and instructions for administration and storage.
- All medications will be stored under proper conditions for sanitation, preservation, security and safety.
- All unused or expired medication will be sent home.
- Topical non-prescription medication such as sunscreen and other ointments which are not applied to open wounds, rashes or broken skin may be generally administered to a child with written parental authorization.
- Individual containers do not have to be used for each child and a log does not have to be kept when using topical non-prescription medications as described in the previous sentence.

## ATTENDANCE AND HEALTH POLICIES

The parent or the person on the emergency contact list must always be available by phone during school hours. It is the parent's responsibility to have someone available who can come to the school for emergencies or for a sick child.

Please call/email the school if your child will be absent or has a communicable illness. This communication is necessary to inform teachers and families of illness and absences. We will make every effort to reach out to families when children are absent. If Medical Alerts need to be posted, your child's identity is always protected.

## EMERGENCY MANAGEMENT PLAN

- In the case of fire, natural disaster, loss of power, loss of heat, loss of hot water, or situation (chemical spill, bomb threat) necessitating evacuation of the building, teachers will follow the stated evacuation procedure below.
- Evacuation procedures: the caregiver in charge when evacuating shall take:
  - Accurate attendance lists.

- Account for all children and staff so that no child is left behind or missing - take attendance prior to leaving the building and once out of building.
- Bring any medications/supplies and emergency records.
- The class will meet at the end of the parking lot at our designated meeting place.
- The Director and/or staff will remain with children after evacuating at all times.
- The Director will contact parents and emergency personnel after evacuating the children to safety, if needed. The Director will use her cell phone to contact the fire department and other appropriate authorities.
- The Director and the floating teachers will help the Toddler and any children with special needs.
- The Director or person in charge will document the date, time, and exit route used and the number of children evacuated.
- Escape routes are posted next to the exits in every classroom.
- If alternate shelter is required, the children will then be taken by foot to the Gould Barn at the end of the parking lot. Parents will be notified by phone to arrange pick up if needed.
- In the event of exposure to toxic materials or gases, and a physical examination is recommended, children will be transported by emergency vehicle to Beverly Hospital 85 Herrick Street Beverly, Mass. where they will be examined, and parents/emergency contacts will be notified.
- If the environmental emergency is more widespread and encompasses a large area, a neighborhood, or several homes, due to a non-confined environmental threat, e.g. toxic fumes from a spill, floodwaters, brush fire, etc. and the children cannot remain in the area, the children will be brought to St. Rose Parish, 12 Park Street, Topsfield, MA on foot and with buggies where they will remain accompanied by caregivers while parents/emergency contacts are notified and arrangements for either transportation home or a continuation of care are made.
- In the event of a major environmental hazard that necessitates a larger area evacuation, several neighborhoods, a city/town or geographical area, due to large non- confined hazard, e.g., a nuclear incident, earthquake, children will be transported as directed by Mass Emergency Management Crisis Teams and/or Topsfield Fire Dept. The children would be transported by bus from the NRT bus company (978-794-3136) where they will remain accompanied by caregivers while parents/emergency contacts are notified, and arrangements are made for their pickup.
- In the case of a power outage, the school will be closed if it is determined by appropriate authorities that power/utilities cannot be restored within one hour. Parents will be notified using a cellular phone and Remind app.
- In the case of a loss of heat, the Director will monitor the building temperature. If the temperature falls below 65 degrees and the water temperature below 120 degrees, and/or it is determined that the heat will not be restored within one hour, the school will be closed.
- If the immediate conditions pose a threat to the health and safety of the children, the school will be closed, and procedures described for alternate shelter. will be followed.
- In the case of a loss of water, the school will be closed unless it is determined that the service can be restored within one hour.

- In any case of a school closing, the school will only be reopened once the effected service is restored, and the appropriate agency has given assurances that the problem has been completely remedied.
- All above stated policies are subject to modification as specific circumstances dictate at the time of the emergency.
- Sheltering in Place shall occur in the event of severe weather alerts, emergencies creating power outages, loss of heat or water. Children and teachers will remain in classrooms, draw shades and allow coats and blankets to be used/worn. Stories, songs, manipulatives and drawing materials will be used to comfort children. Bottled water, extra snacks, disposable plates, utensils, napkins, extra clothing, and diapers are always available at the school. Town water is used and available for handwashing and toileting. Flashlights are in all classrooms. Battery operated smoke detectors are available at the school. Cell phones will be used to contact families should the situation require children to be picked up to go home if the temperature drops below 65 degrees or water is no longer available. Local authorities shall be contacted for guidance and building landlord will be contacted for facility management. Should the situation worsen, staff and children will move to interior classrooms, bathrooms, hallway, or other rooms without windows.
- In the event of a potential threat from an intruder inside or outside the program, the director will contact local authorities immediately by land line or cell phone. The director will notify staff of a lock down or evacuation by cell phone and Remind app and when the situation has ended. The director will verify that all classrooms are secured as best possible. Staff will keep children in their classrooms, close and barricade doors, draw shades and turn off lights. Children will gather on the floor away from doors and windows, remain quiet and out of sight lines from the door. Should the situation worsen, staff and children will move to interior classrooms, bathrooms, or hallways. Additionally, children can be moved to the Library or Parlor upstairs where blinds can also be drawn, and bathrooms easily accessed. Finally, if the intruder enters the building children shall leave the building and meet at designated meeting spots. Attendance will be taken by teachers before and after evaluating the building.
- A Disaster Kit shall contain extra supplies of snacks, water, first-aid, diapers, flashlights, stories, and activity materials. This shall be kept up to date.
- In the event of a Missing Child, the assistant director or director will first search the school, then additional areas of the building and finally the outdoor areas. If the child is not found local authorities and parents will be called by the director until the child is found.
- If a child goes missing at the school or while on a walk, our corrective actions will be a review of our attendance taking policy, staffing procedures and circumstances of what transpired. If we feel changes to these procedures are warranted, we will implement them as needed.

## **EPIDEMIC, PANDEMIC & EMERGENCY HEALTH POLICY**

### **HOURS OF OPERATION**

In the event of an epidemic, pandemic or other health emergency, the operational hours at JNP may be amended. This will be handled on a case-by-case basis. When the situation is resolved and officials declare it safe to return to work, JNP will make every effort to resume operations.

JNP will also review guidance provided by EEC, the CDC and local Public Health Department to determine if additional health and safety guidelines must be put in place.

### SCREENING AND MONITORING OF CHILDREN AND STAFF

Home Self-Screening- Prior to coming to school all staff, parents, children, and any individuals seeking entry into the school must be directed to self-screen at home as follows:

1. Self-screening shall include checking for symptoms including fever, cough, shortness of breath, gastrointestinal symptoms, new loss of taste/smell, muscle aches, or any other symptoms that feel like a cold. Anyone with a fever of 100.4 F or above or any other signs of illness must not be permitted to enter the program.

Regular Monitoring: Staff will actively and visually monitor children throughout the day for symptoms of illness.

- (1) Children who appear ill or are exhibiting fever, cough, shortness of breath, diarrhea, nausea, and vomiting, abdominal pain, and unexplained rash shall be separated from the larger group and isolated until able to leave the school.
- (2) If a child is experiencing extreme difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, severe persistent dizziness or lightheadedness, new confusion, or inability to rouse someone, or new seizure or seizures that won't stop, emergency services will be called immediately.

### CONFIRMED COVID CASES

This guidance is based on the CDC's latest guidance for Early Care and Education programs as of March 2024. We will implement the following procedures should we be informed of a Covid Case in the school.

1. Children or adults who test positive for Covid should isolate at home if they have a fever or are exhibiting severe respiratory symptoms.
2. Children may return to school when:
  - a. They are asymptomatic
  - b. They have been fever free for 24 hours without fever reducing medication.
  - c. Symptoms are resolving and children are able to manage coughing, sneezing and runny nose brought on by virus.
  - d. Children are able to participate without needing one-to-one care

### HYGIENE AND HEALTH PRACTICES

1. Handwashing is our first line of defense against illness and will be done frequently



throughout the day. Handwashing facilities are readily available to all staff and children. Children will be instructed to wash their hands for a minimum of 20 seconds reciting the ABC's or Happy Birthday, twice. Informational posters will be at each sink.

2. Hand Sanitizer with at least 60% alcohol may be used with children 2 years or older with written parental permission. Sanitizer will be stored out of reach of children and used under staff supervision. Children will be taught proper usage and monitored to ensure hands wet with sanitizer do not go in mouths.
3. Hand sanitizing stations will be located at the entrance to the school. When appropriate, all persons entering the school will use sanitizer until they get to a classroom sink or bathroom to wash their hands.
4. Coughs and Sneezes should be covered using tissue or caught in the inside corner of elbow. Hands will be washed after, and teachers will model these procedures.

#### CLEANING, SANITIZING AND DISINFECTING

1. JNP is professionally cleaned by an outside company nightly. EPA- registered disinfectants and sanitizers for use against Covid-19 and other diseases are used by our cleaning company and our staff.
2. JNP staff will clean and disinfect surfaces and tables prior to the children's arrival, at rest time, after serving food and end of day and/or as needed. All products are appropriately labeled and kept out of the reach of children.
3. During an epidemic, pandemic, or other health illness outbreak, JNP's cleaning procedures shall be intensified. Toys, activity items and outdoor equipment shall be cleaned frequently. Items mouthed shall be set aside for further cleaning.

#### FISCAL RESPONSIBILITIES DURING CLOSURES

1. In the event that a classroom is closed due to a pandemic, epidemic or health emergency, JNP will credit families with a child in that classroom with 50% off the next months' tuition.
2. Should the entire JNP program be closed for a period for the above reasons, families will be credited 50% off their next months' tuition.
3. Should JNP be completely closed for an extended period due to a pandemic, epidemic or health emergency, families will be charged 50% of their tuition each month until reopening and in person learning continues. During an extended closure JNP will make every effort to connect with families and keep lines of communication open,